



flexible



benefits



plan

*Value life's benefits*

2004

Miami-Dade County  
Benefits Handbook

# Employee Benefits Resource Directory



## Benefits & You!

### General Services Administration

# FBMC

Fringe Benefits Management Company

### Miami-Dade County

**Benefits Administration Unit** ..... 305-375-5633 or 305-375-4288  
..... FAX 305-375-1368 or 305-375-1633

### Fringe Benefits Management Company

**Customer Service** ..... 1-800-342-8017

**Interactive Benefits** ..... 1-800-865-3262

**Web Site** ..... [www.fbmc-benefits.com](http://www.fbmc-benefits.com)

### Florida Relay Service Telecommunications

Device for the Deaf (TDD) ..... 1-800-955-8771

This document is available in an alternative format by calling Fringe Benefits Management Company Customer Service at 1-800-342-8017

## PROVIDER ADDRESSES AND PHONE NUMBERS

### MEDICAL

AvMed Health Plan HMO  
9400 S. Dadeland Blvd.  
Miami, FL 33156  
(800) 882-8633  
TDD: (877) 442-8633  
[www.avmed.com](http://www.avmed.com)

CIGNA HealthCare  
1580 Sawgrass Corporate Parkway, Suite 200  
Sunrise, FL 33323

CIGNA HealthCare  
Customer Service, Claims, and Correspondence to:  
P.O. Box 182223  
Chattanooga, TN 37422-7223  
(800) 962-3136  
Open Enrollment Hotline:  
(800) 564-7642  
[www.cigna.com](http://www.cigna.com)

Humana, Inc.  
3401 SW 160 Avenue  
Miramar, FL 33027  
Open Enrollment Hotline: (888) 393-6765  
(800) 4HUMANA (800-448-6262)  
[www.Humana.com](http://www.Humana.com)

JMH Health Plan HMO  
1801 N.W. 9 Ave., Suite 700  
Miami, FL 33136  
(305) 575-3700  
[www.jmhhp.com](http://www.jmhhp.com)

Vista Healthplan, Inc.  
1340 Concord Terrace  
Sunrise, FL 33323  
(866) 847-8235  
Open Enrollment Hotline: (888) 679-9148  
TDD: (888) 444-7352  
[www.vistahealthplan.com](http://www.vistahealthplan.com)

### DENTAL

American Dental Plan  
P.O. Box 769729  
Roswell, GA 30076  
(800) 633-1262  
TDD: (888) 884-5674  
[www.compbenefits.com](http://www.compbenefits.com)

MetLife Dental  
Dental Claims Unit  
P.O. Box 981282  
El Paso, TX 79998-1282  
(800) 845-1870  
TDD: (888) 638-4863  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Oral Health Services  
5775 Blue Lagoon Drive, Suite 400  
Miami, FL 33126  
(800) 432-3376  
(305) 262-1333  
[www.compbenefits.com](http://www.compbenefits.com)

### VISION

Optix Vision Plan/Vision Care, Inc.  
P.O. Box 30349  
Tampa, FL 33630-3349  
(800) EYE-CURE (800) 393-2873  
[www.visioncare.com](http://www.visioncare.com)

### OTHER

ARAG® Group  
400 Locust Street, Suite 480  
Des Moines, IA 50309  
(800) 247-4184  
<http://members.araggroup.com/mdcounty>

ICMA-RC Services, LLC.  
Southeast Territory Office  
2655 LeJeune Road, Suite 510  
Coral Gables, FL 33134  
Phone: (305) 569-0728  
Fax: (305) 569-0790  
Customer Service: (800) 669-7400  
[www.icmarc.org](http://www.icmarc.org)

NACo/Nationwide Retirement Solutions (PEBSCO)  
P.O. Box 1541  
Boca Raton, FL 33429  
(305) 937-1176 (Miami)  
Fax: (561) 338-9731  
FL WATS (800) 432-0822  
Account Information (877) 677-3678  
[www.nrsforu.com](http://www.nrsforu.com)  
[www.NACO.org](http://www.NACO.org)

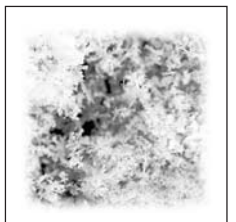
UnumProvident  
Portland Customer Care Center  
P.O. Box 9500  
Portland, ME 04104-5058  
(800) 858-6843  
FAX (800) 447-2498

# Miami-Dade County Benefits Handbook

Open Enrollment – October 20 through November 7, 2003

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# Enrollment At A Glance

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. F.S. SECTION 817.234 (1) (B) (2000)**

## What's New for Plan Year 2004?

- Your Flex Dollars are increasing from \$600 to \$800.
- Your election form is now a single part form. Make a copy of your completed form for your records.
- Optix Vision benefits enhanced to include expanded me coverage and coverage for contact lens fitting fees. See plan literature for details.
- You may now receive reimbursement for certain Over-the-Counter (OTC) drugs from your Healthcare FSA. See Page 16 for detailed information.
- **For new hires** - Effective January 1, 2004, all new hires enrolling dependents will be required to submit proof of dependent eligibility, along with your enrollment form, to the Benefits Administration Unit. Acceptable proof will include a marriage certificate, birth certificate and/or legal guardianship court documents. We encourage you to take the time to gather this information to avoid any delays in processing your request for dependent coverage. The plans will also screen for eligibility for dependent children beyond the limiting age of 19. Failure to provide proof of dependent eligibility will result in your dependent(s) not being enrolled for group coverage.
- **For other than new hires** - In 2004, the County will begin the process of requiring documentation for all dependents covered under your plan. At some point, you will be contacted to provide proof of dependent eligibility for those dependent(s) with the same last name as yours. The plans will continue to screen for the eligibility of dependent children beyond the limiting age of 19 and those with a different last name from yours.

## Important Enrollment Information

- The Open Enrollment period is **October 20, 2003, through November 7, 2003.**
- This is a changes-only enrollment. **With the exception of your Flexible Spending Accounts (FSAs)**, all of your benefit selections will continue for the new plan year unless you decide to make a change on your election form.
- You **must** complete an election form if you wish to participate in or continue a Healthcare and/or Dependent Care Flexible Spending Account.

- You **must** complete an election form if you are enrolling in a new product or making changes to your benefit selections for the 2004 Plan Year.
- You may obtain worksite enrollment meeting schedules and an election form from your Departmental Personnel Representative.
- Be sure to bring your election form to your worksite enrollment meeting.
- Your 2004 Plan Year Miami-Dade benefits election form must be returned to your Departmental Personnel Representative no later than November 10, 2003.
- All 2004 Plan Year benefit elections will become effective January 1, 2004 (other than new hires).
- New hires who become eligible after October 1, 2003, must submit enrollment paperwork prior to their effective date of coverage. Contact your Departmental Personnel Representative for more details.
- In December, you will receive a confirmation notice for your Group Medical, Dental, Vision, Legal and Flexible Benefits Plan selections.
- If you have questions about the Flexible Benefits Plan, call Fringe Benefits Management Company (FBMC) Customer Service at 1-800-342-8017, or e-mail: [webcustomerservice@fbmc-benefits.com](mailto:webcustomerservice@fbmc-benefits.com).
- Don't miss your worksite enrollment and regional meetings scheduled for October 20 – November 7, 2003. Your Enrollment Counselor will offer you detailed information about your entire benefits package.
- Look for a schedule of regional meetings in the Open Enrollment October special edition of *Employee Outlook*. Representatives from the following providers will be available to answer questions: Group Medical, Group Dental, Group Vision, Disability Income Protection, Group Legal, Deferred Compensation and Fringe Benefits Management Company.
- The Open Enrollment period is an ideal time to review and update your beneficiary information. See your Departmental Personnel Representative to make beneficiary changes.
- Bring your dependent's Social Security Numbers and dates of birth to complete the dependent section of the enrollment form, if making a change.
- Only changes resulting from **processing errors** to your Flexible Benefits Plan (for your Legal, Short and Long-term Disability and Flexible Spending Account benefits only) **will be made**. Processing errors are defined as incorrectly scanned forms, use of ink instead of pencil and the department's late submission of your form.

## Interactive Benefits

Information regarding your Flexible Spending Accounts is just a phone call away! Call Interactive Benefits 24 hours a day at 1-800-865-FBMC (3262) to review your benefit information and request claim forms. See Page 5 of this booklet for details.





# Access Your Benefits *On the web and over the phone*

## FBMC Web Site

FBMC's Web site provides comprehensive information regarding your benefits, easy access to forms and details on your Flexible Spending Account(s) (FSAs).

Enter **www.fbmc-benefits.com** into your Internet browser. This will bring you to FBMC's new homepage. Navigational tabs to customer links are located along the top portion of the page. By simply clicking on one of these tabs and entering your Social Security Number (SSN) and Personal Identification Number (PIN), you'll be able to access the information you need. The following Web site customer links are available to meet your benefit needs:

### Account Information

If you select the 'Account Information' tab, you'll be prompted to enter your SSN and PIN. Enter your PIN and follow the prompts to access your FSA details.

You'll notice a navigational menu on the left panel of the Web page. These menu items allow you to check the history of your FSA transactions, current balance and claims you submitted. You may also view your list of dependents and change in status requests from the menu.

### Downloading Forms

If you select the 'Download Forms' tab, a choice of forms including a FSA Reimbursement Claim form, Medical Necessity and Direct Deposit Form are posted for your convenience. You'll need Acrobat Reader to view and print these forms. A link to download the Acrobat Reader application is located at the bottom of the Web page.

### Frequently Asked Questions

The 'Frequently Asked Questions' tab will provide answers to many of your general questions regarding FSAs, and enrollment information. Any questions not answered in this section may be addressed to Customer Service.

### FBMC Customer Service

The 'Customer Service' tab gives you a direct link to the FBMC Customer Service Center.

## FBMC Interactive Benefits

FBMC's 24-hour automated phone system allows you to access your benefits any time to check on a claim, verify the status of a Flexible Spending Account, request forms and more! Getting connected to your benefits is easy. Call the Information Line at:

**1-800-865-FBMC (3262).**

## A Word About Your PIN

To access both the FBMC Web site and the Interactive Voice Response system, all you need is your Social Security Number (SSN). The last four digits of your SSN will be your first Personal Identification Number (PIN). Then:

### On the Web

The site will ask you to select your own confidential four-digit PIN for future use. This new PIN cannot be the last four digits of your SSN, as it was previously. If you forget your PIN, you may send an e-mail to a Customer Service Representative by clicking on the link at the upper left hand corner of the page. A representative will respond via e-mail with further instructions. Once you've selected your new PIN, you may access information about your benefits.

### Over the Phone

The system will ask you to select your own confidential four-digit PIN for future use. This new PIN cannot be the last four digits of your SSN, as it was previously. If you forget your PIN, you may press '0' at any time to speak with a Customer Service Representative. Once you've selected your new PIN, the system will give you the following list of options from which to choose.

**Please keep your PIN in a safe place. The PIN you select will give you access to both the Interactive Voice Response system and the FBMC Web site.**

### MAIN MENU OPTIONS:

If calling from a touchtone phone, PRESS 1.

Otherwise, hold for an available

FBMC Customer Service Representative.

For Instructions in Spanish, PRESS 1.

For Instructions in English, PRESS 2.

Press 2 to reach the M-DC Main Menu Options. Enter your SSN and PIN, then choose from the following:

**Press 1** Flexible Spending Accounts

- Current or previous plan year
- Dependent Care or Healthcare FSA
- Status of last reimbursement request
- Last deposit or payment
- Request a reimbursement form
- Inquire about another FSA

**Press 2** Form requests

- Claim forms
- Change In Status/Election Forms

**Press 3** for current benefits

**Press 4** to change PIN

**Press 5** to verify address

### OTHER OPTIONS:

**Press 0** Customer Service Representative

**Press 9** Main Menu

**Press \*** Repeat the menu

**Press #** Exit Information Line

# Eligibility Requirements

## Period of Coverage

Your period of coverage is the same as the plan year, January 1, 2004, through December 31, 2004, unless you terminate employment, reduce hours worked, go on an unpaid leave of absence, change your pre-tax benefit elections through a valid Change In Status or change your post-tax benefits.

## Who is eligible?

- Any full-time, regular Miami-Dade County employee who has completed 90 days of employment is eligible.
- Any part-time employee who consistently works at least 60 hours biweekly and has completed 90 days of employment is eligible.
- All employees are eligible to participate in the deferred compensation plan.
- Upon certain Qualifying Events, ex-spouses, children who cease to be dependents, employees going from full-time to part-time status and dependents of a deceased employee may be eligible for coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA).
- For questions regarding your eligibility for group medical, dental, vision or life insurance, call your Departmental Personnel Representative or the Benefits Administration Unit at 305-375-4288 or 305-375-5633.
- For questions regarding your eligibility for Flex Dollars, Flexible Spending Accounts, Disability Income Protection or Group Legal Services, call Fringe Benefits Management Company (FBMC) Customer Service at 1-800-342-8017.

## New Employees

New hires who become eligible on or after October 1, 2003, must submit enrollment paperwork prior to their effective date of coverage. Contact your Departmental Personnel Representative for more details.

## Special Enrollment Rights Pertaining to Medical Benefits

If you are declining enrollment for yourself or your dependent (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependent in your employer's plan provided that you request enrollment within thirty (30) days after the other coverage ends.

## Employees on Leave

If you participate in any of the benefits offered by Miami-Dade County and go on an approved leave of absence, or if you are in a no

pay status due to worker's compensation or suspension, it will affect your participation in the benefit plans. Contact your Departmental Personnel Representative for detailed information.

## Terminating Employees (Except Retirement)

If you are a terminating employee, you are covered until you exhaust your FSA balance, the plan year ends or until your coverage for the plan year expires (December 31, 2004) as long as eligible expenses are incurred prior to the date of your termination. You can continue certain benefits by contacting, within 60 days of your termination of employment:

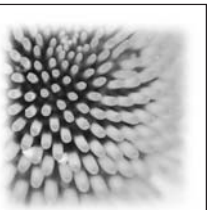
- the FBMC Customer Service Department at 1-800-342-8017 to apply for continuation, on an after-tax basis, of your Healthcare FSA. NOTE: Your employer's Healthcare FSA Plan is not subject to COBRA continuation beyond the end of the plan year in which a COBRA-qualifying event occurs.
- Disability Income Protection and a Dependent Care FSA cannot be continued.
- If you are currently enrolled in: Medical, Dental and/or Vision coverage, the health plans will notify you of your COBRA continuation rights.

## Appeal Process for Denied FSA Claims

Approved appeals must comply with IRS regulations and the guidelines within your employer's plan(s). If you have an FSA reimbursement claim, a request for a mid-plan year election change or other similar request denied, in full or in part, you have the right to appeal the decision by sending a written request for review to FBMC within 30 days of your receipt of the denial. FBMC will, in its sole discretion, review on a uniform and consistent basis, the facts and circumstances of each timely submitted and completed appeal request.

Your written appeal must state: (i) why you think your claim or request should not have been denied; (ii) the name of your employer; (iii) the date of the services for which your claim or request was denied; (iv) a copy of the denied request; (v) the written denial you received; and (vi) any additional documents, information or comments you think may have a bearing on your appeal.

Within 30 business days of FBMC's receipt of your completed appeal, the Appeals Panel will review your appeal and notify you of the results of its review. In unusual cases, as when review of your appeal requires additional documentation, the review may take longer. If your appeal is approved, additional processing time is required to modify your benefit elections.



# Flex Dollars and Flexible Benefits Plan

Miami-Dade County strives to provide competitive employee benefits. For plan year 2004, the County will provide every eligible employee in the Flexible Benefits Plan \$800 in Flex Dollars.

The County also provides you with several healthcare options and additional cash incentives. If you choose to enroll in an HMO for your medical coverage, you will receive additional Flex Dollars.

By enrolling in:

- AvMed, Humana or JMH Healthplan, you receive an extra \$130 in Flex Dollars per year, or \$5 per pay period.
- Vista, you receive an extra \$260 in Flex Dollars per year, or \$10 per pay period.

## Who can participate?

The following employees may participate in Group Medical, Group Dental, Group Life, Group Vision, Flexible Spending Accounts, Disability Income Protection, Flex Dollars and Group Legal:

- Full-time regular Miami-Dade County employees who have completed 90 days of active service and
- Part-time employees who work at least 60 hours biweekly and have completed 90 days of active service.
- Employees enrolling for group life or disability income protection benefits must be actively at work for coverage to be effective.

All employees are immediately eligible to participate in the Deferred Compensation Plan. There is no waiting period!

## What can you buy with Flex Dollars?

Flex Dollars can be used to pay the premiums for any of these pre-tax benefits:

- Dependent medical premiums
- Dependent dental premiums
- Enriched dental premiums for you and your dependents
- Vision plan premiums
- Healthcare Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA) and
- Short-Term and Long-Term Disability Income Protection.

You do not have to participate in the group medical, group dental or group vision plans to use your Flex Dollars for other benefits.

When using Flex Dollars to purchase your benefits, your Federal Income and Social Security taxes are reduced, allowing you to keep more of your take-home pay.

If you use all of your Flex Dollars in selecting pre-tax benefits, you can elect to pay for any remaining eligible benefits from your pre-tax salary. In this case, premiums for your remaining pre-tax benefits will be taken directly from your pay before taxes. This lowers the amount of your taxable income; as a result, you pay less in taxes!

Another option is to use your Flex Dollars as taxable income. If you do not spend your Flex Dollars on pre-tax flexible benefits, they will be converted to taxable income (subject to federal withholding and Social Security taxes). You can use this taxable income to enroll in Group Legal Services, or you can consider part or all of the taxable income as a way to increase your contributions to the Deferred Compensation Plan.

## Enrollment for 2004

Because Miami-Dade County's enrollment is a changes-only enrollment, all of your benefit selections from 2003 (excluding Healthcare and Dependent Care FSAs) will continue for the new plan year. However, if you would like to make a change to your benefit selection, continue your Flexible Spending Accounts or enroll in a new benefit, you must complete an election form and mark your changes accordingly.

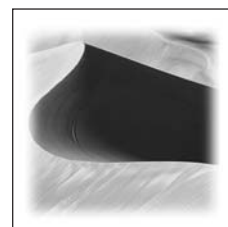
## What are the Flexible Benefits Plan Administrative Fees per pay period?

Medical/Dental premiums totaling \$10 or more will incur the following:

|                                       |        |
|---------------------------------------|--------|
| Premium Conversion fee.....           | \$0.80 |
| Healthcare Spending Account.....      | \$1.25 |
| Dependent Care Spending Account ..... | \$1.25 |
| Short-Term Disability Income .....    | \$0.50 |
| Long-Term Disability Income .....     | \$0.50 |

**Total Maximum fee ..... \$2.75**

Remember, your total administrative fees for the Flexible Benefits Plan will never exceed \$2.75 per pay period, regardless of your individual fees.



# Group Medical Plans

As an eligible Miami-Dade County employee, you may choose from five different medical plans:

- CIGNA HealthCare, Point of Service
- AvMed HMO
- Humana HMO
- JMH Health Plan HMO
- Vista HMO

**A Point of Service (POS)** plan allows you to receive services from an in-network or out-of-network provider of your choice. In-network, the "Primary Care Physician" (PCP), chosen by you, manages all healthcare and refers you to specialists based on medical necessity. If you choose an out-of-network physician, your healthcare services will be subject to the plan deductible and co-insurance provisions.

**A Health Maintenance Organization (HMO)** provides a wide range of healthcare services to you on a prepaid basis. Under this plan, you receive medical services at no cost or for a moderate co-payment—without deductibles or claim forms. A "Primary Care Physician" (PCP) manages all healthcare and refers you to specialists based on medical necessity.

If you enroll in AvMed, Humana or the JMH Health Plan, you will receive an additional \$5 in Flex Dollars per pay period. If you enroll in Vista, you will receive an additional \$10 in Flex Dollars per pay period.

**Union Plan:** Members of the FIRE Union may be eligible for coverage in their Union-sponsored plan. Contact your Union office for further details.

## Who are Eligible Dependents?

The following dependents are eligible for Group Medical, Group Dental and/or Group Vision coverage:

- Your spouse, as recognized by the State of Florida, unless also an eligible County or Public Health Trust employee
- Your unmarried natural child (including a newborn), stepchild, foster child, adopted child (including a newborn child who is required to be eligible for membership as an adopted child in conformity with applicable law) or a child for whom the employee has been appointed legal guardian, pursuant to a valid court order, and the child is under the limiting age. The eligibility limiting age of an unmarried dependent child is the end of the calendar year in which the child reaches age 19. Coverage (except for Foster children in court-ordered custody or guardianship of the employee) may be extended until the end of the calendar year in

which the dependent child reaches age 25, if all of the following requirements are met: a.) the unmarried child is dependent upon the employee for support and b.) the unmarried child is living in the household of the employee or the unmarried child is a full-time or part-time student. The health plan may require acceptable documentation that the child meets and continues to meet such requirements. Acceptable proof that the child continues to meet the eligibility criteria beyond age 19 will include a) a completed tax return for prior year or b) full time student status (12 credits per semester minimum).

- Coverage for an unmarried dependent child may be continued beyond age 25 if physically or mentally disabled (coverage must begin before age 25.) Proof of disability will be required by the medical/dental/vision plan.
- **Important Reminder:** If the last name of the employee differs from the dependent, proof of dependent status will be required if you are enrolling the dependent for the first time or if you are changing plans. Acceptable proof that the child continues to meet the eligibility criteria beyond age 19 will include a) completed tax return for prior year or b) full time student status (12 credits per semester minimum). If the child is physically or mentally disabled, the plan must receive medical proof of the disability. Please be aware that enrolling an ineligible dependent on your insurance may be considered fraud.

## Is coverage guaranteed?

During Open Enrollment eligible employees and their dependents are guaranteed enrollment in any of the County-sponsored medical plans. Eligible new hires and their dependents are also guaranteed coverage in any of the County-sponsored medical plans if they enroll during their initial eligibility period. Coverage is also guaranteed if you enroll yourself and/or your dependents within 30 days of a Change In Status (60 days for newborns), or if you qualify under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See the *Changing Your Coverage* section for more information on Changes In Status and HIPAA.

For additional information on medical plans and rates, refer to your Benefit Comparison Chart distributed with your 2004 Plan Year Benefits Booklet.

**Important Note: Please do not complete Section 6 (medical) of your election form unless you are enrolling in or making a change (ex: changing plans, adding or deleting dependents) to your medical coverage for the 2004 Plan Year.**

**If you have health coverage, your co-payments or uninsured, out-of-pocket expenses may be eligible for reimbursement through your Healthcare FSA. See Page 16 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.**





# Group Dental and Group Vision Plans

## Group Dental Plan

You may enroll yourself and your eligible dependents for dental coverage even if you don't elect medical coverage. You may choose the plan that best suits your needs:

- MetLife's Standard or Enriched Dental Indemnity plan
- American Dental Plan's Standard or Enriched Dental prepaid plan
- Oral Health Services' Standard or Enriched Dental Prepaid plan
- **Indemnity:** Standard or Enriched. Select the dentist of your choice. Benefits are payable at various coinsurance levels. A deductible is applied for services other than preventive and diagnostic. Annual maximum reimbursements are: \$1,000 per person for the Standard plan and \$1,500 per person for the Enriched plan. The Enriched plan also includes orthodontia. The vision benefits will not be included in the MetLife enriched dental plan for 2004.
- **Prepaid:** Standard or Enriched. Choose a plan dentist and receive coverage for a variety of services. Most preventive, diagnostic and many other services are provided at no additional cost to members. Some services have fixed co-payments. There are no claim forms, no deductibles and no annual dollar maximum under the prepaid dental programs. The Enriched Prepaid Dental plan provides additional benefits and speciality coverage not covered under the Standard program.

## Group Vision Plan

VisionCare, Inc. (VCI), a subsidiary of CompBenefits, offers the Optix vision plan to all employees eligible for medical and dental coverage regardless of union affiliation. Employees pay the full cost of the program. You and your enrolled dependents, if any, will receive an annual comprehensive eye exam at no charge with a participating optometrist or ophthalmologist. Members may also receive a pair of glasses every year, at no extra charge, from a special selection of frames available at participating providers. Contact lenses or other Frames are available as alternate benefits. This program allows you to use non-participating providers and be reimbursed according to the non-participating benefit schedule. See the Optix plan literature for plan benefits, limitations and rates.

**For additional information on dental plans and rates, refer to your Benefit Comparison Chart distributed with this booklet.**  
**For additional information on Optix vision benefits and rates, refer to the Optix Plan literature.**

## Union Plan

If you are enrolled in the IAFF FIRE Union-sponsored health plan, you may elect coverage through the Optix vision plan, but you cannot participate in any County-sponsored dental program.

## Is coverage guaranteed?

You are guaranteed group dental and group vision coverages as long as you enroll during Open Enrollment, during your initial eligibility period, within 30 days of a Change In Status (60 days for newborns), or if you are qualified under HIPAA.

**Important Note: Please do not complete Sections 7 or 8 of your election form unless you are enrolling for or making a change (adding or deleting dependents) to your dental or vision plan for 2004 Plan Year. All of your current insurance selections will remain the same for the 2004 Plan Year if you do not submit an election form.**

**If you have dental or vision coverage, your co-payments or uninsured out-of-pocket expenses may be eligible for reimbursement through your Healthcare FSA. See Page 16 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.**



# Optix Group Vision Plan

Prepaid vision care is a valuable benefit that every employee should consider.

## Excellent Benefits

You and your enrolled dependents can receive a comprehensive eye exam, once a year, with a \$10 co-payment from a participating optometrist or ophthalmologist. You may also receive a pair of glasses every year, at no extra charge, chosen from a large selection of Frames available at participating providers. If you prefer non-covered Frames or contact lenses, alternate benefits are available. See plan literature for details.

## Biweekly Rates

|                                   | 26 pay periods |
|-----------------------------------|----------------|
| Employee only                     | \$2.30         |
| Employee + one dependent          | \$4.60         |
| Employee + two or more dependents | \$8.48         |

## What you can expect:

- Immediate savings
- Convenient locations
- Quality professional care and services
- No complicated forms to fill out
- No long waits for rebates
- Out-of-network benefits

## LASIK

Optix offers the LASIK procedure for plan members who are near-sighted or have astigmatism and wear glasses or contacts. Optix has contracted with many of the finest LASIK facilities and eye doctors to offer this procedure at substantially reduced fees.

## Easy as 1-2-3...

1. Look for the Optix Benefit Brochure at the enrollment sessions and remember to elect Optix coverage on your enrollment form if you are not currently enrolled.
2. When you are ready for services, call one of the Optix providers listed in your benefits brochure.
3. Identify yourself as an Optix member and sign the benefits form at the time of your appointment.

That's all you do. We do the rest!

## Get More Information

For more about this plan and how it works, get in touch with Optix by calling the toll-free number: 1-800-EYE-CURE.

**If you have dental or vision coverage, your co-payments or uninsured, out-of-pocket expenses may be eligible for reimbursement through your Healthcare FSA. See Page 16 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.**



# Disability Insurance Plans

Most Americans do not have enough money in personal or other long-term savings accounts to afford to miss more than two months of work without having to borrow money. Disability insurance protects your most valuable asset: the ability to work. The Disability Insurance Plans provide you with a weekly or monthly income if you become disabled.

You may choose short-term or long-term disability insurance, or both to secure your source of income, should you become disabled.

For employees who previously chose not to participate in this plan, an Evidence of Insurability form must be completed to qualify you for coverage. Short-Term and Long-Term Disability insurance that requires medical evidence will not become effective until your application is approved by UnumProvident. To receive an Evidence of Insurability form, see your Enrollment Counselor or call Fringe Benefits Management Company Customer Service at 1-800-342-8017.

## Short-Term Disability Insurance Highlights

- The plan provides up to 60 percent of your weekly salary, with a maximum of \$400 per week for a maximum of 26 weeks.
- Benefits begin after 14 consecutive days of sickness or injury, or the expiration of all sick leave, whichever is greater. Annual leave will be automatically used unless you submit a written request for it not to be paid to you.
- Disability due to the birth of a child covers you for a total of six weeks. (Example: If you have two weeks of sick leave, your benefits would be for four weeks.)
- To receive benefits, you must be unable to perform each of the material duties of your occupation as a result of sickness or injury.
- No pre-existing clause applies.

## What's Not Covered

Sickness or injuries not covered are those resulting from:

- Declared or undeclared war or any act of war
- Active participation in a riot
- Committing or attempting to commit a felony or assault and
- Work related injury or sickness.

## Long-Term Disability Insurance Highlights

- The plan provides up to 60 percent of your monthly salary, with a maximum of \$1,500 per month up to age 65 or later, depending on your age when you were disabled. Employees over age 60 will have a maximum benefit period of one to five years depending on the age of the employee.
- The minimum benefit is \$100 per month, or 10 percent of the monthly benefit before deductions for other income benefits.

- Benefits begin after 180 consecutive days of disability. Exhaustion of any short-term disability or the expiration of all sick leave, whichever occurs later, must occur before benefits begin. Annual leave will automatically be used unless you submit a written request for it not to be paid to you.
- As long as you are receiving benefits from UnumProvident, your monthly premiums are waived.

## "Disability" Defined:

You are disabled when UnumProvident determines that:

1. you are limited from performing the material and substantial duties of your regular occupation due to sickness or injury and
2. you have 20 percent or more loss in your indexed or monthly earnings due to the same sickness or injury.

You will continue to receive payments beyond 24 months if you are also:

1. working in any occupation and continue to have a 20 percent or more loss in your indexed monthly earnings due to your sickness or injury or
2. not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

## Rehabilitation and Return to Work Assistance

Long-term Disability Insurance now features the Rehabilitation and Return to Work Assistance benefit. Vocational rehabilitation experts provide qualified employees with formalized assessment and planning as well as financial support to help them return to productive, independent lifestyles.



# Disability Insurance Plans *Continued*

## Assist America®

Just one phone call gives employees and their families 24-hour emergency medical and legal resources any time they travel away from home. Assist America®, a worldwide emergency assistance service for traveling employees and their families, is one of the nation's largest providers of emergency travel services through employee benefit plans. Assist America® provides travelers a range of services, including pre-departure information and assistance finding lost luggage. More importantly, it is there for medical emergencies, providing:

- Access to English-speaking and Western-trained doctors or facilities anywhere in the world or evacuation to where such care is available, and
- Repatriation under medical supervision when necessary.

Other available services include: 24-hour multilingual service, medical consultation, hospital admission guarantee, critical care monitoring, emergency prescription services, return of mortal remains, care for minor children, and legal and interpreter referrals.

Assist America® is a registered trademark of Assist America, Inc.

## What's Not Covered

Sickness or injuries not covered are those resulting from:

- War or acts of war, declared or undeclared
- Active participation in a riot
- Committing or attempting to commit an assault or felony
- Work related injury or sickness and
- Intentionally self-inflicted injuries.

## Annual Leave and Your Disability Benefits

If you are on sick leave and your sick leave runs out, the County automatically uses any accrued annual leave. However, if you purchase short-term or long-term disability insurance, you can choose *not* to be paid for your annual leave even if you exhaust your sick leave. Contact your Departmental Personnel Representative and **request in writing** that your annual leave not be paid to you during your absence from work due to illness.

## What if I receive benefits from another group disability plan, Social Security or the Florida Retirement System?

Both the short-term and long-term disability plans coordinate with benefits payable under any statutory disability law, the Federal Social Security Act and any other federal, state, county or municipal retirement acts or laws. These benefits also coordinate with any other group policies you may have that provide disability benefits. Any employer-sponsored salary continuation or retirement program benefits are coordinated as well.

Coordination of disability benefits means the disability insurance payments you receive are offset by the amount you receive from other disability group plans. For example, if you become disabled and receive disability payments while receiving payments from the U.S. government, the amount of your government income will determine the final amount you receive from your disability policy. Your LTD plan is designed to balance the total amount you receive for the same disability.

## Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- the date the policy or plan is canceled
- the date you no longer are in an eligible group
- the date your eligible group is no longer covered
- the last day of the period for which you made any required contributions or
- the last day you are in active employment except as provided under the covered layoff or leave of absence provision.

UnumProvident will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

## Delayed Effective Date

This insurance coverage will be delayed if you are not in active employment because of injury, sickness, temporary layoff or leave of absence on the date that this insurance would otherwise become effective.

**Your tax-free rates are based on your age on the day your plan becomes effective:**

### Biweekly premiums

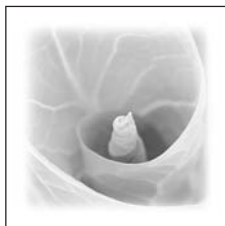
Attained age as of 1/1/2004

|           | Short-term | Long-term |
|-----------|------------|-----------|
| to age 29 | \$ 5.25    | \$ 1.88   |
| age 30-39 | \$ 6.23    | \$ 2.93   |
| age 40-49 | \$ 7.53    | \$ 6.22   |
| age 50-59 | \$ 9.79    | \$14.38   |
| age 60+   | \$13.45    | \$14.01   |

## Plan Provider

UnumProvident underwrites this plan. The A.M. Best Company, an organization that compares and rates the financial strength and performance of insurance companies, has rated UnumProvident "A-," Excellent.

This Plan Highlight Summary is provided to help you understand your insurance coverage from UnumProvident. If the terms of this Plan Highlight Summary and the policy differ, the policy will govern.





# Flexible Spending Accounts

## What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is an IRS-approved, tax-free account that saves you money on eligible medical and dependent care expenses. You authorize per-pay-period deposits to your FSA from your before-tax salary. Then, as you incur eligible expenses, you request tax-free withdrawals from your account to reimburse yourself. There are two kinds of FSAs: a Healthcare FSA and a Dependent Care FSA. If you incur both types of expenses, you can establish both accounts.

## Why would I enroll in a FSA? To Save Money!

Over a year's time, you will probably spend a part of your salary on health care or dependent care expenses. You can save money by putting that amount directly into a Flexible Spending Account.

## Get the facts about FSAs

If you have questions, call Fringe Benefits Management Company Customer Service (FBMC) (Monday-Friday, 7 a.m.-10 p.m.) at 1-800-342-8017. You may also e-mail Customer Service at [webcustomerservice@fbmc-benefits.com](mailto:webcustomerservice@fbmc-benefits.com). Please note that, due to FBMC's Privacy Policy, you must submit authorization for your dependents to access your FSA information.

## Direct Deposit

Enroll in Direct Deposit to ensure that your FSA reimbursement checks are automatically deposited into your checking or savings account. There is no fee for this service, and you don't have to wait for postal service delivery of your reimbursement (however, you will receive notification that the claim has been processed). To apply, complete the application form available from your **Enrollment Counselor**, or by calling FBMC Customer Service at 1-800-342-8017. Please note that processing your Direct Deposit application may take between four to six weeks. The Direct Deposit processing time is approximately two days after your reimbursement request has been processed.

**Any eligible co-payments or uninsured out-of-pocket expenses may be reimbursed through your Healthcare FSA. See Page 16 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.**

## Receiving Reimbursement

Your reimbursement will be issued within five business days from the time we receive your properly completed and signed reimbursement request form. To avoid delays, follow the instructions for submitting your requests located in the FSA materials you will receive following enrollment.

Remember, you should call or e-mail FBMC Customer Service if you have a change of address. Filling out your reimbursement claim form with new address information does not guarantee that your records will be updated.

## FSA Guidelines:

1. The IRS does not allow you to pay your medical or other insurance premiums through either type of FSA.
2. You cannot transfer money between FSAs or pay a dependent care expense from your Healthcare FSA or vice versa.
3. You have a 90-day grace period (until March 31, 2005) at the end of the plan year for reimbursement of eligible FSA expenses incurred during your period of coverage within the 2004 Plan Year.
4. You may not receive insurance benefits or any other compensation for expenses which are reimbursed through your FSAs.
5. You cannot deduct reimbursed expenses for income tax purposes.
6. You may not be reimbursed for a service which you have not yet received.
7. Be conservative when estimating your medical and/or dependent care expenses for the 2004 Plan Year. IRS regulations state that any unused funds which remain in an FSA after a plan year ends and all reimbursable requests have been submitted and processed cannot be returned to you nor carried forward to the next plan year.

## Without an FSA: (Example)\*

|         |   |
|---------|---|
| \$50.00 | monthly budget for a medical expense        |
| - 11.33 | taxes on that \$50 taken from your paycheck |
| \$38.67 | amount you have left for medical expense    |

## With an FSA: (Example)

|         |   |
|---------|---|
| \$50.00 | monthly FSA deposit for a medical expense |
| - 0.00  | no taxes (no taxes on FSA deposits)       |
| \$50.00 | amount you have left for medical expense  |

**\*Based upon a 22.65% tax rate (15% federal and 7.65% Social Security).**

**Because the money you deposit in your Healthcare and Dependent Care FSA is deducted before taxes, the income you use for these expenses is ALWAYS TAX FREE.**

# Flexible Spending Accounts *Continued*

## Written Certification

When enrolling in either or both FSAs, written notice of agreement with the following will be required:

- I will only use my FSA to pay for IRS-qualified expenses and only for my IRS-eligible dependents
- I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA
- I will not seek reimbursement through any other source and
- I will collect and maintain sufficient documentation to validate the foregoing.

## Your FSA Contributions:

### Termination or Leave HEALTHCARE FSAs

If you experience an event permitting a mid-plan year FSA election change such as termination of employment or unpaid leave, you can continue to contribute to your Healthcare FSA on an after-tax basis by calling FBMC Customer Service at 1-800-342-8017 within 30 days of the event. You may also e-mail FBMC Customer Service at [webcustomerservice@fbmc-benefits.com](mailto:webcustomerservice@fbmc-benefits.com).

As long as you make full after-tax contributions to your Healthcare FSA, you can receive reimbursements on eligible healthcare expenses incurred during your period of coverage.

You have a 90-day grace period after the plan year ends to submit claims for reimbursement of eligible FSA expenses which you incurred during the plan year. Your Healthcare FSA coverage will not be continued beyond the plan year in which the COBRA-qualifying event occurred.

The Family and Medical Leave Act (FMLA) may affect your rights to continue coverage when on leave. Please contact your employer for further information.

## DEPENDENT CARE FSAs

You cannot continue contributing to your Dependent Care FSA. You can, however, continue to request reimbursement for eligible expenses incurred while employed until you exhaust your account balance or the plan year ends.

## What documentation of expenses do I need to keep?

The IRS requires FSA customers to maintain complete documentation, including keeping copies of receipts for reimbursed expenses, for a minimum of one year.

## How do I get the forms I need?

To receive forms you will need after enrolling in either a Healthcare or Dependent Care FSA, such as a FSA Reimbursement Form, Medical Necessity Form or Direct Deposit Form, you can contact FBMC Customer Service at 1-800-342-8017 or visit FBMC's Web site, [www.fbmc-benefits.com](http://www.fbmc-benefits.com). For more information, refer to the *Access Your Benefits* section of this booklet.

## Why is my signature needed on the FSA Reimbursement Request Form?

Your Flexible Spending Accounts are tax-favored accounts, and must follow strict guidelines. Your signature on the form submitted for reimbursement serves as a required certification that you are abiding by the plan rules. We cannot process your request without it!

## Are prescriptions eligible for reimbursement?

Yes, most filled prescriptions are eligible for reimbursement. However, in response to new state and federal privacy standards, some pharmacy chains have discontinued listing prescription names on their receipts. The IRS requires this information to ensure that the drug is eligible for reimbursement, so the complete name of the drug must be obtained and documented on your receipt before submitting it with your request to FBMC for reimbursement.

## Is transportation for medical care reimbursable?

Yes, it is reimbursable, as long as a receipt, statement or bill is sent along with your request to validate your visit. Travel expenses for medical care, including healthcare provider and pharmacy visits, can include:

- actual roundtrip mileage\*
- parking fees
- tolls and
- transportation to another city, if the trip is primarily for, and essential to, receiving medical care.†

Guidelines on eligible travel expenses and how to calculate and submit expenses for reimbursement will be included in the materials you receive, following enrollment in a Healthcare Expense FSA. Expenses incurred for transportation are *not* considered a dependent care expense.

\* Calculate the mileage on the actual receipt detailing the following: mileage multiplied by the current IRS rate per mile (\$0.12, subject to federal change each tax year) and the name of the provider visited.

† (IRS Publication 502)



# Healthcare FSA

**Minimum Annual Deposit:**  
(\$10 per pay period) **\$260 per year**  
**Maximum Annual Deposit: \$5,000**  
(including a \$32.50 annual administrative fee)

## Who is eligible?

Under the Healthcare FSA, you may be reimbursed for eligible expenses incurred by the following:

- yourself
- your spouse and
- your dependents. To qualify as a dependent, an individual must meet the following criteria:
  - a) the individual must be your relative or live with you for at least one calendar year
  - b) he or she must be a U.S. citizen or a resident of the U.S., Mexico or Canada and
  - c) you must have provided the individual with at least half of their total support and/or expenses during the past calendar year.

An eligible child of divorced parents is treated as a dependent of both parents. Therefore, either or both parents can establish a Healthcare FSA.

## Availability

Once you sign up for a Healthcare FSA and decide how much to contribute, the maximum elected annual amount of reimbursement for eligible medical expenses will be available throughout your period of coverage, provided the request does not exceed your annualized contribution.

It's like a cash advance because you don't have to wait for the cash to accumulate in your account before you can use it to pay for your uninsured, eligible medical expenses. Your money is tax-free and interest free!

## Special Ordering Rule

You may use your MFSA to reimburse eligible out-of-pocket expenses after you have sought (and exhausted) all means of reimbursement provided by your employer and any other resource.

## FSA vs. Claiming Expenses on IRS Form 1040

*Unless your itemized medical expenses exceed 7.5 percent of your adjusted gross income\*, you can't get a break by claiming them on your IRS Form 1040. But you can save taxes by paying for your uninsured, out-of-pocket medical expenses through a tax-free Healthcare FSA.*

For instance, if your adjusted gross income is \$45,000, the IRS would only allow you to deduct itemized expenses that exceed \$3,375 or 7.5 percent of your adjusted gross income. But, if you have \$2,000 in eligible medical expenses, the FSA saves you \$653 on your medical expenses in federal income (25 percent) and Social Security taxes (7.65 percent).

With a Healthcare FSA, the money you set aside for medical expenses is deducted from your salary before taxes. So, it is ALWAYS tax-free, regardless of the amount. By enrolling in a Healthcare FSA, you guarantee your savings.

**\*Note:** Both you and your spouse's incomes must be included for the purposes of determining adjusted gross income.

## Ineligible Expenses

- Insurance premiums
- Vision warranties and service contracts
- Health or fitness club membership fees
- Cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition

## Setting Aside Funds

*Remember to estimate your expenses carefully.* A change during the plan year in the cost, type or level of medical care or services provided to you or your family will not permit you to change your Healthcare Expense FSA election.

## Orthodontia

Orthodontia treatment designed primarily to improve one's appearance is **not** reimbursable. Orthodontia treatment designed to treat a specific medical condition is reimbursable if the following documentation is attached to the initial Flexible Spending Account Form each plan year:

1. A written statement (e.g., bill) from the treating dentist/orthodontist showing the date the service was rendered, the identity of the individual receiving the service and the cost for the service.
2. A Letter of Medical Need from the treating dentist/orthodontist. Visit the FBMC Web site at [www.fbmc-benefits.com](http://www.fbmc-benefits.com), or call FBMC Customer Service at 1-800-342-8017 to obtain this letter.
3. A copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment.

For payment options available under your employer's plan, refer to the information sheet provided following your enrollment, or call FBMC Customer Service at 1-800-342-8017.

## Over-the-Counter (OTC) Drugs

Recent IRS rulings have expanded the use of your Healthcare FSA dollars! You can now be reimbursed for certain Over-the-Counter (OTC) antacid, pain relief, cold and allergy medicine expenses from your Healthcare FSA. Reimbursement for over the counter medicines is conditional on the following:

- the medicine was used for a specific medical condition
- the submitted receipt clearly states the purchase date and name of the medicine
- the reimbursement request is for an expense allowed by your employer's plan and
- your request was submitted in the timely and complete manner already described in your benefits enrollment information.

Please Note: The list of Over-the-Counter medicines eligible for reimbursement will be updated on a quarterly basis by FBMC. It is your responsibility to remain informed about updates to this list, which can be found at [www.fbmc-benefits.com](http://www.fbmc-benefits.com). As soon as a drug or medicine is added to the list, it will be reimburseable retroactively to the start of the current plan year. However, newly eligible medicines are not considered a valid Change in Status event effecting Healthcare FSA contributions. Be sure to maintain sufficient documentation to submit receipts for reimbursement. You may resubmit a copy of your receipt from your records if a rejected OTC expense becomes eligible for reimbursement later in the same plan year.

## How to Request Reimbursement

To request reimbursement from your Healthcare FSA, you must mail or fax a correctly completed FSA Reimbursement Request Form along with one or more of the following:

- a receipt, invoice or bill from your healthcare provider listing the date you received the service, the cost of the service, the type of service and the person for whom the service was provided
- an Explanation of Benefits (EOB)\* from your health insurance provider that shows the type of service you received, the date and cost of the service and any uninsured portion of the cost or
- a written statement from your healthcare provider that the service was medically necessary if those services *could* be deemed cosmetic in nature.

**Mail to:** Contract Administrator  
Fringe Benefits Management Co.  
P.O. Box 1800  
Tallahassee, FL 32302-1800

**Fax to:** 850-425-4608

## Partial List of Eligible Expenses\*

Acupuncture<sup>1</sup>  
Ambulance service  
Birth control pills and devices  
Chiropractic care<sup>1</sup>  
Contact lenses (corrective)<sup>2</sup>  
Dental fees<sup>1</sup>  
Diagnostic tests/health screening  
Doctor fees<sup>1</sup>  
Drug addiction/alcoholism treatment  
Drugs<sup>3</sup>  
Experimental medical treatment<sup>1</sup>  
Eyeglasses<sup>2</sup>  
Guide dogs  
Hearing aids and exams  
Injections and vaccinations  
In vitro fertilization  
Nursing services<sup>1</sup>  
Optometrist fees  
Orthodontic treatment<sup>1</sup>  
Over-the-Counter (OTC) Drugs<sup>4</sup>  
Prescription drugs to alleviate nicotine withdrawal symptoms  
Smoking cessation programs/treatments  
Surgery<sup>1</sup>  
Transportation for medical care  
Vitamins/natural supplements<sup>1</sup>  
Weight-loss programs/meetings<sup>1</sup>  
Wheelchairs  
X-rays

1. Some treatments or services require a letter of medical need from the treating healthcare provider.
2. Expenses are reimburseable based on the date available to be picked up, not the date ordered.
3. Not all drugs requiring a prescription are approved by the IRS as eligible for reimbursement.
4. Eligible OTC drugs include: antacids, pain relievers, cold and allergy medicine expenses.

**Note:** Budget conservatively. No reimbursement or refund of Healthcare Expense FSA funds is available for services/surgeries that do not occur.

\* IRS-qualified medical expenses are subject to federal regulatory change at any time during a tax year.

\* EOBs are not required if your coverage is through an HMO.



# Dependent Care FSA

**Minimum Annual Deposit:**

(\$10 per pay period) **\$260 per year**

**Maximum Annual Deposit:**

**The maximum contribution depends on your tax filing status as the list below indicates.**

(including a \$32.50 annual administrative fee)

## How the Dependent Care Flexible Spending Account Could Work for You

A Dependent Care FSA can help recover some of the money you spend to ensure your dependents (child, adult or elder) are taken care of while you and your spouse (if married) are working.

### Whose expenses are Eligible?

Under the Dependent Care FSA, you may be reimbursed for eligible dependent care expenses incurred by the following:

- children 12 years or younger who reside in your household and
- adults/children mentally or physically incapable of self-care who spend at least eight hours a day in your household.

### Tax Filing Status:

- If you are married and filing separately, your maximum is \$2,500.
- If you are single and head of household, your maximum is \$5,000.
- If you are married and filing jointly, your maximum is \$5,000.
- If either you or your spouse earn less than \$5,000 a year, your maximum is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

## Dependent Care FSA vs. Dependent Care Tax Credit

As the taxpayer, you must determine whether participation in the DFSA, claiming a federal (and state) tax credit or exclusion, or using a combination of the taxable and tax-free benefits, is best for you. Your decision will depend on a number of factors, such as your tax filing status (e.g., married, single, head of household), number of qualifying dependents, amount of dependent care expenses, earned income, etc. Claiming the dependent care tax credit does not affect the amount of one's earned income or the amount of one's Earned Income Tax Credit.

Generally, the more income taxes you are required to pay, participation in the DFSA may produce a better tax benefit with possibly two exceptions. You may realize a slightly greater tax benefit by claiming the dependent care tax credit if your W-2 income before FSA salary reductions is:

- less than \$15,000; or
- about \$37,000 - \$39,000, you have only one qualifying individual, and your eligible dependent care expenses for the tax year are less than \$3,000.

The DFSA may be better for you if you incur significantly more than \$3,000 in dependent care expenses and have one qualifying individual. The maximum DFSA limit of \$5,000 may be available to you while only \$3,000 of the expenses can be calculated for the dependent care tax credit. The DFSA may be better for you if you are not eligible for the Earned Income Credit and you fall within the 25 percent marginal tax bracket (which starts at taxable income, not gross wages) over \$56,800 for married individuals filing jointly (based on 2003 tax tables).

If you meet the criteria to combine the tax benefits of both the dependent care tax credit and the DFSA in the same tax year, coordinating tax rules will apply. For example, if you participate in the DFSA, you may be able to claim an additional dependent care tax credit in an amount equal to a percentage of \$1,000 (if you have two or more qualifying individuals, a maximum DFSA tax filing status of \$5,000, and \$6,000 or more in eligible dependent care expenses).

Note: You cannot use the dependent care tax credit if you are married and filing separately. Any dependent care expenses reimbursed through your DFSA cannot be filed for the dependent care tax credit and vice versa.

To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax advisor and/or the IRS for additional information. Visit [www.fbmc-benefits.com](http://www.fbmc-benefits.com) to complete a tax-savings analysis.

## Eligible Expenses

Generally, child, adult and elder care costs that allow you and your spouse to work or actively look for work are eligible for reimbursement. If you are married, your spouse must work, be a full-time student or be mentally or physically incapable of self-care.

### Examples:

- Day care facility fees for qualified dependents
- Local day camp fees for qualified dependents
- Baby-sitting fees for at-home care while you and your spouse are working (care cannot be provided by you, your spouse or other tax dependent)



# Dependent Care FSA *Continued*

## Ineligible Expenses:

- Child support payments or child care if you are a non-custodial parent
- Payments for dependent care services provided by your dependent, your spouse's dependent or your child who is under age 19
- Healthcare costs or educational tuition
- Overnight care for your dependents (unless it allows you and your spouse to work during that time)
- Nursing home fees
- Diaper services
- Books and supplies
- Activity fees
- Kindergarten expenses
- Sports Camps

## Requesting Reimbursement:

Each Dependent Care FSA reimbursement request sent by mail or fax must include a properly completed FSA Reimbursement Request Form, including receipts showing the following:

- the date your dependent received the care (for example, March 15, 2004, through March 19, 2004) – not the date you paid for the service
- the name and address of the facility or
- the name, address and signature of the individual providing the dependent care service.

Be certain you obtain and submit the above information when requesting reimbursement from your Dependent Care FSA. This information is required with *each* request for reimbursement.

**Mail to:** Contract Administrator  
Fringe Benefits Management Co.  
P.O. Box 1800  
Tallahassee, FL 32302-1800

**Fax to:** 850-425-4608

**Note:** If you elect to participate in the Dependent Care FSA, or if you file for the Dependent Care Tax Credit, you must attach IRS Form 2441, reflecting the information above, to your 1040 income tax return. Failure to do this could result in the IRS not allowing your pre-tax exclusion.

## When to Request Reimbursement

You can request reimbursement as often as you like. However, your approved expense will not be reimbursed until the last date of service for which you are requesting reimbursement has passed.

For example, if you pay your dependent care provider on March 1 for the entire month of March, you can submit your reimbursement request for all of March, however, payment will be made only after the last day of care for that month has been received.

Make sure that your FSA Reimbursement Request Form is signed, dated and includes all required information (detailed above).

For timely processing of your reimbursement, your payroll contributions must be current.

## Why do I need to obtain dependent care provider information?

To claim the income exclusion for dependent care expenses on IRS Form 2441 (Child and Dependent Care Expenses), you must be able to list each dependent care provider's Taxpayer Identification Number (TIN). The TIN is an individual's Social Security Number, unless he or she is a resident or non-resident alien who does not have a Social Security Number.

If you are unable to obtain a dependent care provider's TIN, you must compose a written statement that explains the circumstances and states that you made a serious and earnest effort to get the information. This statement must accompany your IRS Form 2441.

## What is my Dependent Care FSA Availability?

Once you sign up for a Dependent Care FSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Healthcare Expense FSA, the entire maximum annual amount is not available prior to actual payroll deductions, but rather after your payroll deductions are received.



# FSA Worksheets

## Deciding How Much to Deposit

To figure out how much to deposit in your FSA, refer to the following worksheets. Calculate the amount you expect to pay during the calendar and plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS guidelines for calendar or plan year limits. (Refer to the individual FSA descriptions in this booklet for limits.) **Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

### TAX-FREE HEALTHCARE WORKSHEET

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year, which is January 1, 2004, through December 31, 2004.

#### YOUR UNINSURED MEDICAL, DENTAL AND VISION EXPENSES

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

#### SUBTOTAL

Estimated uninsured expenses for your period of coverage during the plan year. Amount cannot exceed \$4,967.50.

**Enter this amount in Section 3A of your Plan Year 2004 Miami-Dade Benefits Election Form.**

= \$ \_\_\_\_\_  
cannot exceed  
\$4,967.50  
(plus administrative fee)

#### DIVIDE

by the number of paychecks with deductions you will receive during the plan year (26)\*.

÷ \_\_\_\_\_

**This is your pay period contribution** = \$ \_\_\_\_\_

Remember to review your first paycheck to be certain the correct amount has been reduced from your salary (\$191.05 maximum per pay period).

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

### TAX-FREE DEPENDENT CARE WORKSHEET

Estimate your eligible dependent care expenses for the plan year, which is January 1, 2004, through December 31, 2004.

#### NUMBER OF WEEKS

you will have dependent (child, adult or elder) care expenses during the plan year.

*Remember to subtract holidays, vacations and other times you may not be paying for eligible child, adult or elder care.*

= \_\_\_\_\_

#### MULTIPLY

by the amount of money you expect to spend each week.

X \$ \_\_\_\_\_

#### SUBTOTAL

Estimated uninsured expenses for your period of coverage during the plan year. Amount cannot exceed \$4,967.50.

**Enter this amount in Section 3B of your Plan Year 2004 Miami-Dade Benefits Election Form.**

= \$ \_\_\_\_\_  
cannot exceed  
\$4,967.50  
(plus administrative fee)

#### DIVIDE

by the number of pay periods during the plan year (26)\*.

÷ \_\_\_\_\_

**This is your pay period contribution** = \$ \_\_\_\_\_

Remember to review your first paycheck to be certain the correct amount has been reduced from your salary (\$191.05 maximum per pay period).

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

Refer to the Healthcare FSA section for a partial list of eligible expenses.

**At your request, your FSA checks may be deposited into your checking or savings account by enrolling in Direct Deposit.**



# Changing Your Coverage

## Am I permitted to make mid-plan year election changes?

Under some circumstances your employer's plan(s) and the IRS may permit you to make a mid-year election change or vary a salary reduction amount depending on the type of pre-tax coverage and the triggering event.

## How do I make a change?

You can change your Flexible Spending Account (FSA) election(s), or vary the salary reduction amounts you have selected during the plan year, only under *limited* circumstances as provided by your employer's plan(s) and established IRS guidelines. Partial lists of permitted and not permitted events under your employer's plan(s) appear on the following pages. *Election changes must be consistent with the event.* For example: If you get divorced, an IRS special consistency rule allows you to lower or cancel your HFSA coverage for the individual involved. Miami-Dade County appointed Fringe Benefits Management Company (FBMC), who will in its sole discretion, review on a uniform and consistent basis, the facts and circumstances of each properly completed and timely submitted mid-plan year election change form.

**To Make a Change:** Within **30 days** (60 days for newborns) of an event that is consistent with one of the events on the following, you must complete and timely submit to your Personnel Office a Change in Status/Election Form. Contact your Benefits Administration Unit to obtain this form. Documentation supporting your election change request is required. Upon the approval and completion of processing your election change request, your existing elections will be stopped or modified (as appropriate) *at the first of the month immediately following approval and completion of processing.* Generally, mid-plan year pre-tax election changes can only be made prospectively, no earlier than the first payroll after your election change request has been received by your Benefits Administration Unit, unless otherwise provided by law. If your election change request is denied, you will have **30 days**, from the date you receive the denial, to file an appeal with FBMC. You may contact FBMC Customer Service at 1-800-342-8017. For more information, refer to the *Appeal Process* section on Page 6.

## What is my Period of Coverage?

Your period of coverage for incurring expenses is the plan year, unless you make a permitted mid-plan year election change. A mid-plan year election change will result in split periods of coverage, creating more than one period of coverage within a plan year and expenses incurred must be reimbursed from the correct period of coverage. For example, Ms. Stevens contributes \$300 to her Healthcare FSA. She has requested reimbursement and submitted receipts in accordance with IRS rules. She exhausts all her funds. Five months into the plan year, Ms. Stevens gets married. Because she realizes her medical expenses will increase, she adds another \$300 to her election, creating a second period of coverage. Ms. Stevens can now use the second installment of \$300 for expenses that occurred after her Change in Status event (her marriage).

In some cases, a more complicated scenario may arise. For example, Mr. Smith contributed \$400 to his Healthcare FSA during Open Enrollment. Currently, he has not used any funds. Six months into the plan year, Mr. Smith's wife has a child. Because he realizes his medical expenses will increase, he adds \$200 to his original contribution. Now, there is \$600 in Mr. Smith's Healthcare FSA since he has not submitted any expenses for reimbursement. While he is able to use this entire amount for expenses incurred after the date of his child's birth, Mr. Smith is prohibited from using the recently added \$200 for expenses that occurred before the Change in Status event (the birth of his child).





# Changing Your Coverage *Continued*

## What are the IRS Special Consistency Rules governing Changes in Status?

1. *Loss of Dependent Eligibility*—If a change in your marital or employment status involves a decrease or cessation of your spouse's or dependent's eligibility requirements for coverage due to: your divorce, or annulment from your spouse, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
2. *Gain of Coverage Eligibility Under Another Employer's Plan*—If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage if that individual gains coverage, or has coverage increased under the other employer's plan.
3. *Dependent Care Expenses*—You may change or terminate your Dependent Care FSA election when a Change in Status (CIS) event affects (i) eligibility for coverage under an employer's plan, or (ii) eligibility of dependent care expenses for the tax exclusion available under IRC § 129.
4. *Disability Coverage*—For any valid CIS event, you may elect either to increase or decrease of coverage.

## Changes in Status:

|  |  |
|--|--|
| <b>Marital Status</b>  | A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).  |
| <b>Change in Number of Tax Dependents</b>                            | A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid CIS event. |
| <b>Change in Status of Employment Affecting Coverage Eligibility</b> | Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.                                |
| <b>Gain or Loss of Dependents' Eligibility Status</b>                | An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan includes attainment of legal age, or change in student, marital or employment status.                             |
| <b>Change in Residence</b>   | A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area (except for Healthcare FSAs).                             |



# Changing Your Coverage *Continued*

## Some Other Permitted Changes:

|  |  |
|--|--|
| <b>Coverage and Cost Changes</b>   | Your employer's plan(s) may permit election changes due to cost or coverage changes that affect other pre-tax benefits, excluding a Healthcare FSA. Example of Permitted Mid-plan year Coverage Change: Your spouse's employer offers your spouse a new health plan for the first time. Example of Permitted Mid-plan year Cost Change: The premium for a group health plan is increased (or decreased) mid-plan year. Contact your employer. You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative. |
| <b>Open Enrollment Under Other Employer's Plan</b>                         | You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if*: <ul style="list-style-type: none"> <li>• their employer's plan year is different from your employer's cafeteria plan,</li> <li>• they participate in their employer's plan, and</li> <li>• their employer's plan permits mid-plan year election changes under this event.</li> </ul> *Does not apply to a Healthcare FSA.   |
| <b>Judgment/Decree/Order</b>   | If a judgment, decree, or order from a divorce, legal separation (if recognized by state law), annulment, or change in legal custody requires that you provide <i>health coverage</i> for your dependent child (including a foster child who is your dependent), you may change your election* to provide coverage for the dependent child. If the Order requires that another individual (including your spouse and former spouse) cover the dependent child and provide coverage under that individual's plan, you may change your election to <i>revoke</i> coverage only for that dependent child and <i>only if the other individual actually provides the coverage</i> . <p>*Does not apply to Dependent Care FSA.</p>   |
| <b>Medicare/Medicaid</b>   | Gain or loss of Medicare/Medicaid eligibility and enrollment may trigger a permitted election change.  |
| <b>Family and Medical Leave Act (FMLA) Leave of Absence</b>                | Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.  |
| <b>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</b> | If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a <b>pre-tax</b> basis, effective <i>retroactive</i> to the date of the CIS event, <b>if you enroll your new dependent within 30 days</b> of one of the following CIS events: <i>birth, adoption or placement for adoption</i> . Note that a Healthcare FSA is <b>not</b> subject to HIPAA's special enrollment provisions if it is funded <b>solely</b> by employee contributions.   |

# Group Legal Services

How many times have you wished you had an attorney to consult regarding wills, real estate, court proceedings or other legal issues? With the Group Legal Services plan, you have unlimited access to attorney consultations through the Telephone Legal Access Firm – before potential legal issues become costly.

## Are my premiums tax-free?

No. Your premiums will be deducted from your paycheck after taxes have been calculated.

## Eligible Expenses

| Coverage   | Network Attorney | Non-Network Attorney*<br>Amount Reimbursed |
|--|------------------|--|
| <b>Telephone Legal Services</b><br>Unlimited advice and consultation from a Telephone Attorney available to all employees who are enrolled in Group Legal Services.  | Covered          |  |
| <b>Financial and Tax Planning Services</b><br><i>Personal Financial Counseling</i><br>The telephone financial counseling service includes toll-free, unlimited confidential telephone access to an experienced financial planner, planning information, analysis tools and resources from the Ayco Company, L.P. Services cover a broad range of financial and consumer needs, such as buying vs. leasing a car, budgeting tips, selecting a checking account, managing credit card debt, etc.<br>If you need more information, you may ask for various detailed reports from Ayco. Personalized financial reports include the following financial topics: <ul style="list-style-type: none"> <li>• Investment for retirement</li> <li>• Asset allocation and</li> <li>• College funding.</li> </ul> <i>Interactive Financial Web Site</i><br>Via your online Plan Member Service Center at <a href="http://members.araggroup.com/MDCounty">http://members.araggroup.com/MDCounty</a> , you have access to an interactive financial Web site that includes calculators, a library of content, planning resources and much more.  | Covered          |  |
| <b>Online Legal Services</b><br>This new online service educates you about your legal needs and delivers self-help tools and legal information so that you can take action to resolve your own matters. The services include: a Law Guide that provides overviews of the most common legal issues, and a Document Library which allows you to prepare your own legal documents. These services are included in the price of the plan and are available to you by logging into your online Plan Member Service Center (PMSC) at <a href="http://members.araggroup.com/MDCounty">http://members.araggroup.com/MDCounty</a> .   | Covered          |  |
| <b>Identity Theft Services</b><br>Identity theft occurs when someone obtains personal information (credit card number, Social Security Number, account number, etc.) and uses it without your knowledge to commit fraud or theft. ARAG Group recognizes that you need help with this increasingly popular crime. Now, you can call ARAG Group toll-free and speak with an Identity Theft Case Manager who will: <ul style="list-style-type: none"> <li>• Help you understand what "identity theft" is, how to avoid it, and how this coverage works</li> <li>• Walk you through a checklist of activities and provide you with resources to help you minimize and recover from the theft</li> <li>• Review and explain any in-office legal coverages that apply to the situation and</li> <li>• Follow-up with you to monitor the resolution of the situation.</li> </ul>  | Covered          |  |
| <b>Immigration Assistance</b><br>Unlimited toll-free telephone advice from an immigration law firm on how immigration law relates to the plan member's legal matter and what actions may be taken is available. Plan members will receive advice regarding the following: <ul style="list-style-type: none"> <li>• General immigration process education and guidelines</li> <li>• Advice on filing and processing of applications or petitions, including which forms should or should not be filed</li> <li>• Laws and regulation governing various types of immigration benefits, including asylum, adjustment of status, business visas and employment authorizations</li> <li>• Advice and information to individuals facing deportation and removal proceedings and</li> <li>• Breaking issues in immigration law including changes in the law and programs for immigration benefits.</li> </ul> Reduced rate services are available for immigration matters that can't be handled over the phone, or if a plan member needs to see a state-specific immigration Attorney, our Network Attorneys will offer up to a 25 percent reduced rate off their normal fees/rates for any review, preparation or representation-based Network services are covered under the plan. |                  |  |
| <b>In-Office Services</b>  |                  |  |
| <b>Consumer Protection (In-office services)</b><br>Representation in a legal action required for the enforcement of written or implied warranties or promises relative to the lease or purchase of goods or services (except structural damage) is available. Actual amount in dispute must be at least \$500.   | Paid in full     | \$2,200**                                  |
| <b>Consumer Debt Collection Defense</b><br>Defense of lawsuit based upon a contract or written instrument is available.  | Paid in full     | \$2,200**                                  |
| <b>Adoption Proceedings</b>  | Paid in full     | \$300*                                     |
| <b>Uncontested Guardianship/Conservatorship</b>  | Paid in full     | \$300*                                     |
| <b>Incompetency or Infirmary Proceedings</b>   | Paid in full     | \$2,200**                                  |

# Group Legal Services *Continued*

| Coverage   | Network Attorney                        | Non-Network Attorney*<br>Amount Reimbursed |
|--|---|--|
| <b>Name Change</b>   | Paid in full                            | \$240                                      |
| <b>Juvenile Court Proceedings Involving an Insured Child</b><br>Service does not include proceedings involving traffic matters.  | Paid in full                            | \$2,080**                                  |
| <b>Habeas Corpus Court Proceedings</b><br>(including Powers of Attorney and Ordinary Trust Provisions)   | Paid in full                            | \$300                                      |
| <b>Estate Planning (Wills)</b>   |   |  |
| Individual Simple Will   | Paid in full                            | \$100                                      |
| Husband and Wife Simple Wills<br>(including Powers of Attorney and Ordinary Trust Provisions)  | Paid in full                            | \$125                                      |
| Codicil  | Paid in full                            | \$60                                       |
| Wills with other than Ordinary Trust Provisions  | Paid in full                            | \$300*                                     |
| Living Will  | Paid in full                            | \$60                                       |
| Durable Power of Attorney  | Paid in full                            | \$60                                       |
| <b>IRS Audit Protection</b>  |   |  |
| Legal services involving personal tax IRS audits for which you receive written notice while your certificate of insurance is in effect and which relate to your personal federal tax return.                                       |   |  |
| Advice consultation and negotiation  | \$420*                                  | \$420*                                     |
| Representation at IRS audit  | \$900*                                  | \$900*                                     |
| <b>IRS Collection Defense</b>  |   |  |
| Legal defense against collection actions by the Internal Revenue Service regarding a members personal federal tax return is available. The member must receive written notice while his/her Certificate of Insurance is in effect. | \$1,800*                                | \$1,800*                                   |
| Legal Services and court representation prior to trial   |   |  |
| Court representation at trial as a defendant   | \$1,600**                               | \$1,600**                                  |
| <b>Estate Administration and Estate Closing</b>  |   |  |
| Legal assistance is provided to you in administering an insured's bequest which you inherit while your Certificate of Insurance is in effect.  |   |  |
| Advice, negotiations and office work and/or the applicable property transfers and court appearances  | \$500*                                  | \$500*                                     |
| <b>Administrative Hearings</b>   | Paid in full                            | \$1,200*                                   |
| The services cannot be related to insured's employment, but includes advice and document preparation related to an Insured's Immigration Proceedings.  |   |  |
| <b>Major Trial</b>   | Paid in full                            | \$5,000***                                 |
| <b>Preventive Legal Services</b>   | Paid in full                            | \$360*                                     |
| Six hours each plan year per family for office advice, negotiation and document preparation and review (e.g., leases, promissory notes, demand letters, affidavits, deeds and mortgages)   |   |  |
| <b>Real Estate Matters</b>   | Paid in full                            | Sale \$360*<br>Purchase \$240*             |
| Representation of insured in the sale or purchase of a principal residence (benefit limited to one sale or one purchase per plan year)   |   |  |
| <b>The following benefits are effective only after a six-month waiting period.</b>   |   |  |
| <b>Personal Bankruptcy</b>   | Paid in full                            | \$420*                                     |
| <b>Dissolution of Marriage (employee only)</b>   |   |  |
| Divorce, legal separation or annulment   |   |  |
| Uncontested or Contested   | Paid in full                            | \$420                                      |
| or   | Paid in full (up to 20 hours per event) | \$1,080*                                   |
| Defense of a motion to modify a divorce decree   | Paid in full                            | \$360*                                     |

**In-office services are limited to one usage per family per plan year.**

## **LawExpress.com (Non-Plan Member)**

*LawExpress.com* is a plan designed to provide legal information and affordable attorney access when an employee faces an unexpected legal situation but chose not to enroll in the comprehensive insurance plan. You can access *LawExpress.com* through your Group Member Service Center at: <http://members.arragroup.com/MDCounty>.

\* Coverage is figured at \$60 per hour to the stated amount.

\*\* Trial Coverage of \$1,600 is included in these amounts. (\$200 per half day for Trial and Major Trial coverages). Pre-trial Coverage is the stated amount less \$1,600. See Major Trial Benefit for additional coverage.

\*\*\* Major trial coverage begins on the 5th day of trial for covered matters.



# Group Legal Services *Continued*

## What's Not Covered?

- Actions or disputes between you and your employer, or your employer's insurance carrier, unions, plan underwriter and any party when coverage is prohibited by law
- Workers' Compensation, Unemployment Compensation, Class Actions, Interventions and Amicus Curiae
- Matters relating to patents, copyrights or appeal proceedings
- Duplication of services previously claimed in relation to same matter
- Probating of estates, title insurance, title search, title abstracting, filing fees, reporter's fees and court costs
- Services regarding matters resulting from your occupation, including business interests, transactions, pursuits and partnerships
- Any legal matter which occurs or is initiated prior to your effective date of coverage (This includes the dates for which an infraction occurs, a document is filed with the court or an attorney is hired.)
- Preparing, completing, or filing of a federal, state, or local tax return
- Contingency fee cases and similar matters for which a fee is normally allowed by law
- Any action brought in Small Claims Court
- Any legal proceeding in which you are entitled to legal representation or reimbursement for the costs thereof from any source other than this policy or another legal expense policy
- Matters related to structural damage to dwellings, appurtenances and paved surfaces

## Who are my eligible dependents?

- Your spouse (unless also an eligible County employee)
- All unmarried dependent children under the age of 19 who reside in your household
- All unmarried dependent children under the age of 23 who are full-time students

## Important Note

If you elect coverage for yourself and *one* dependent, the first dependent for whom you file a claim will be considered the only dependent covered under this plan.

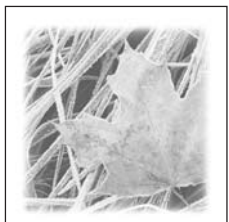
A list of network attorneys is included in this handbook. You may also visit ARAG Group's Web site at: <http://members.araggroup.com/MDCounty> to view a list of network attorneys and plan benefits.

## Your After-tax Rates

| Level of Coverage        | Biweekly Premium |
|--------------------------|------------------|
| Employee Only            | \$ 8.01          |
| Employee & One Dependent | \$10.16          |
| Employee & Family        | \$10.44          |

## Plan Provider

ARAG Insurance Company underwrites and administers this plan. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates ARAG Insurance Company, "A," Excellent.



# Group Legal Services *Continued*

## List of Participating Attorneys for Miami-Dade and Broward Counties

Attorneys are listed in alphabetic order by city. To locate an attorney in your area, look up the city in which you are located. To assist you in selecting the proper attorney for your situation, areas of law in which an attorney wishes to practice are indicated by code letters under his/her name. Please select the code letter applicable to your situation from the list below. Then, choose any attorney who has that letter by his/her name.

|  |  |                                 |                                    |
|--|--|---------------------------------|------------------------------------|
| A Non-Business Bankruptcy                | H Expungement                          | L Real Estate Transactions      | R Dissolution, Divorce, Annulment  |
| B Business                               | I Habeas Corpus Court Proc.            | L Civil Dispute Proceedings     | S Post Decree Domestic Relations   |
| C Adoption Proceedings                   | J Administrative Agency Matters        | M Consumer Protection           | T Trusts – Revocable & Irrevocable |
| D Insanity/Incapacity/Infirmary          | J1 Agency Proceedings General          | N Name Change                   | U Protection of Inheritance Rights |
| E Juvenile Court Proceedings             | J2 IRS Proceedings: Audits/Collections | O Specific Document Preparation | V Guardianship/Conservatorship     |
| F Defense of Criminal Charges            | J3 State/Local Tax Proceedings         | P Tax                           | W Wills and Testamentary Trusts    |
| G Traffic & Driving Privilege Protection | J4 Immigration Proceedings             | Q Contingency Fee Cases         |                                    |

Please refer to your policy for coverages. Some of the above areas are covered under the advice portion of your policy only. Foreign languages spoken by the attorney or his/her staff are listed below the attorney's name.

We have made every effort to assure the accuracy of this directory; however, there may occasionally be attorneys who have changed office locations or been added to or deleted from the program after printing. Prior to making an appointment, please call the attorney's office to confirm his/her continued participation and address information. Notification of any errors or inaccuracies should be sent to: Attorney Programs, ARAG® Group, 400 Locust St., Suite 480, Des Moines, Iowa 50309; or call 1-800-247-4184. This list supersedes all prior listings. For your convenience, more attorney information and an online Network Attorney locator can be found by logging on at the Plan Member section of our Web site, <http://members.aragggroup.com/mdps> or by calling our Customer Service Center at 888-718-4793, Monday through Friday, 8:00 a.m. – 8:00 p.m. Eastern Time.

### AVENTURA

Casper, Robert H  
305-792-4343  
A, B, K, L, M, N, R, S, V

Glassman, Lisa I  
305-792-7240  
Spanish  
K, L, O, Q, T, U, W

Kornik, Gary H  
305-933-2000  
K, T, U, W

Morgenthaler, Richard  
305-936-1116  
A, C, E, F, H, K, L, N, R, S, T, U, V, W

Nemser, Saralyn  
305-932-0553  
Spanish  
K, U, W

Schiffman, Adam R  
305-662-1328  
Spanish  
K

Segal, William J  
305-682-1110  
French, Spanish  
K, L, O, Q, T, U, W

### BAY HARBOR ISLANDS

Sakowitz, Alan B  
305-865-6700  
Spanish  
A, K, L, M, T, U, W

Shevlin, Barry T  
305-868-0304  
Spanish  
A, B, C, E, F, G, H, J, J1, J3, J4, K, L, M, N, O, P, Q, R, S, T, U, V, W

Trute, Melvyn  
305-865-6736  
K, N, T, V, W

### BOYNTON BEACH

Gottfried, Roger M  
561-733-3238  
D, E, F, G, K, L, O, Q, R, S, V, W

### COCONUT CREEK

Fallon, Michael D  
954-977-4878  
K, N, O, Q, R, S, T, U, W

Rothkopf, Martin S  
954-971-7776  
K, T, U, W

### COCONUT GROVE

Connors, Thomas H  
305-446-5554  
Spanish  
C, E, F, G, K, N, O, Q, R, S, T, U, V, W

### COOPER CITY

Rizzo, Joseph  
954-431-4335  
K, L, N, O, Q, T, U, W

Ortega, Marlene  
305-856-7770  
Spanish  
K, N, O, R, S, W

Schiff, Michael P  
305-856-2036  
G, K, L, N, Q

### COOPER CITY

Bersack, Paul  
305-442-0343  
F, H

Rizzo, Joseph  
954-431-4335  
K, L, N, O, Q, T, U, W

Weinreb, Dvora M  
954-433-2100  
C, K, N, O, Q, T, U, W

Rosenberg, Eric D  
954-431-2022  
K

### CORAL GABLES

Adams, John C  
305-448-9022  
P, T, U, W

Admiral, Robert O  
305-444-6121  
Spanish  
D, K, Q, T, U, V, W

Admiral, John G  
305-444-6121  
Spanish  
D, K, T, V, W

Aguero, Gladys M  
305-461-5667  
German, Spanish  
F, G, H, J4, K, N, O, R, S, U, W

Allen, R. K  
305-661-2538  
Greek, Spanish  
A, B, C, E, F, G, H, I, J1, J2, J3, J4, K, L, M, N, P, R, S, T, U, V, W

Ariz, Pedro A  
305-444-7311  
Spanish  
J, J1, J2, J3, K, L, M, P, T, U, W

Bismarck, Astrid M  
305-442-2558  
Spanish  
K, N, O, R, S, T, U, W

Calas Johnson, Desiree  
305-476-1900  
Spanish  
A, J4

Carusello, Kenneth  
305-443-6292  
Spanish  
B, K, L, M, N, Q, R, S, V

Clearfield, Tammi A  
305-665-3359  
C, F, G, H, N, R, S, V

Davidson, Thomas  
305-441-8864  
K, L, O, W

Defabio, Joel  
305-446-7200  
Spanish  
E, F, G, H, K, O, Q, R, U

Defabio, George J  
305-446-0133  
J4, K, R,

Demaras, Renee  
305-446-1997  
Spanish  
K

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 Abzug, Mark 954-753-1003 C, N, Q, R, S, | Elias, John 954-796-7812 Spanish A, C, K, N, R, S, V | Freedman, Forrest S 954-755-0009 G, K, N, O, T, W | Gouz, Louis 954-346-8388 C, J1, K, L, N, O, Q, R, S, U, W | Handin, Gary I 954-796-9600 A, K, L, O, Q, T, U, W | Lyon, James B 954-752-3400 C, K, N, Q, R, S, U, W | Markowitz, Ira F 954-755-8501 A, F, H, K, L, N, R, S, T, U, V, W | Nelbourn, David A 954-346-5001 A, K, L, O, T, U, V, W | Outfield, Evan M 954-227-7529 French, Spanish, Creole Q, | Schiffman, Adam R 954-340-6024 Spanish K | Weinstein, Andrew J 954-370-2222 L, M, N, Q, R, S, V | Zwick, April 954-344-1550 A, C, F, G, H, K, N, R, S, T, U, V, W | Earnest, Mary M 954-792-6800 A, K, L, M, T, U, W | Feinman, Steven A 954-473-5424 C, E, F, G, H, K, L, N, O, Q, R, S, T, U, V, W | Silver, Samuel M 954-641-5700 Spanish C, K, N, R, S, T, U, V, W | Spinik, Rodger L 954-689-0061 K, L, N, O, R, S, V, W |

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Cahen, Stephen A  
305-723-9656  
Spanish  
A, C, F, G, H, J1, L, N, O, Q, R, S, U, W

Calas Johnson, Desiree  
305-476-1900  
Spanish  
A, J4

Cargino, Gennaro  
305-899-0438  
F, G, H,

Carrillo, Frank  
305-444-3000  
Spanish  
A, E, F, G, H, K, N, Q, R, S, V

Carrillo, Jose I  
305-444-3000  
Spanish  
A, E, F, G, H, K, N, Q, R, S, V

Caso, Carlos R  
305-854-4600  
French, Spanish  
F, H, K, N, O, R, S, V, W

Chou, Vivian  
305-238-3341  
Spanish  
B, C, J3, K, L, N, O, Q, R, S, T, U, W

Cohen, Peter A  
305-358-9251  
A, D, G, H, J2, N, T, U, V, W

Cohen, Leslie D  
305-751-0076  
A, Q,

Colbert, Kevin C  
305-380-1769  
B, C, E, F, G, H, J1, J2, J3, K, L, M, N, R, S, T, U, V, W

Colleran, Isabel V  
786-488-0852  
Spanish  
K,

Cooper, Robert H  
305-792-4343  
A, B, K, L, M, N, R, S, V

Cordero, Patrick L  
305-445-4855  
Spanish  
A,

Breiner, Paul  
305-347-5290  
E, F, H, Q

Brevitt-Schoop, C. M  
305-653-6959  
C, J4, K, L, N, R, S, T, U, V, W

Brinkley, Tanya J  
305-576-1011  
C, E, F, H, J1, J2, J3, K, L, N, R, S, T, U, V, W

Bristol, John D  
800-226-1465  
A

Brilo, Leonardo F  
305-577-0440  
Spanish  
K

Browdy, Johnny  
305-649-7140  
Spanish  
C, E, F, H, J1, J2, J3, K, L, M, N, Q, R, S, T, U, V, W

Brutus, Phillip J  
305-899-0411  
Spanish, Creole  
A, C, F, G, J4, K, L, M, N, Q, R, S, T, U, V, W

Bryce, Christine E  
305-661-4558  
A, C, E, F, H, K, L, M, N, P, R, S, T, U, V, W

Bublik, Jordan E  
305-891-4055  
Spanish  
A

Bugay, Scott R  
305-965-9040  
Spanish  
K, L, Q, W

Burns, Noel W  
305-274-0333  
A, C, N, P, R, S, T, U, V, W

Burton, Barbara N  
305-893-6600  
K, T, U, W

Busch, Edward P  
305-670-2333  
Spanish, Creole  
C, E, F, H, K, L, M, N, R, S, T, U, V, W

Dunn, Marcia T  
305-592-0002  
A

Duran, Pelayo M  
305-266-9780  
Spanish  
A, E, F, G, H, J4, K, L

Edwards, Deborah M  
305-669-3049  
Spanish  
K, T, U, W

Einstein, Bernard  
305-455-2040  
Spanish  
K, L, N, Q, R, S, T, U, V, W

Emory, Howard B  
305-670-1010  
K

Espinosa, Patricia O  
305-262-5911  
Spanish  
E, F, H, K, L, M, N, R, S, T, U, V, W

Estévez, Oscar J  
305-541-1800  
Spanish  
C, E, F, H, L, N, P, R, S, T, U, V, W

Estrella, David O  
305-444-9555  
French, Italian, Spanish  
A, J4, K, L, Q, R, S, V

Exposito, Jeffrey  
305-423-7041  
Spanish  
A, G, J4, K, L, N, Q, R,

Faerber, Randolph E  
305-443-4343  
B, F, H, L, M, N, Q, R, S, T, U, V, W

Farras, Edelberto  
305-374-7700  
Spanish  
E, F, H, J1, J2, J3, L, M, T, U, W

Feinberg, Noel J  
305-891-3636  
C, D, F, G, H, K, N, O, Q, R, S, T, U, V, W

Fellows, Peter D  
305-655-2600  
Creole  
B, E, F, H, J4, K, L, N, R, S, T, U, V, W

Fernandez, Carlos L  
305-275-8050  
A, C, D, E, F, G, H, K, L, M, N, R, S, T, U, V, W

Fernandez, Manuel A  
786-924-1652  
Spanish  
F, G, H, J1, L, N, O, Q,

Fernandez Gomez, Maria R  
305-441-8080  
K, L, M, N, Q, R, S, T, U, V, W

Figuerola, Yulema  
305-228-1990  
Spanish  
A, C, F, H, L, M, N, Q, R, S, T, U, V, W

Quan, Manuel C  
305-347-4542  
Spanish  
A, C, F, G, H, K, L, M, N, O, R, S, T, U, V, W

Cuevas, Andrew  
305-461-9500  
Spanish  
A, J4, K, L, M, N, R, S, T, U, V, W

Danziger, Samuel R  
305-661-7211  
K, L, N, O, R, S, T, U, W

Davidson, Marie A  
305-665-1833  
French  
C, D, H, L, N, O, Q, R, S, U, V, W

Deeb, Kevin L  
305-654-7978  
Spanish  
A, K

Deeth, Susan  
305-598-5096  
Spanish  
C, J, J1, K, L, O, R, T, U, V, W

Deutsch, David  
305-947-4800  
G

Diaz-Solis, Erwin N  
305-544-7724  
Spanish  
J4, K, Q,

Digon-Greer, Francisco P  
305-652-7138  
Spanish  
K, L, Q, U, W

Dobkin, Joseph M  
305-661-7000  
Spanish  
A, B, C, D, E, F, G, H, I, J1, J2, K, L, M, N, O, P, R, S, T, U, V, W

Donley, Patricia C  
954-430-1332  
C, E, F, N, R, S, T, U, V, W

Dunn, Marcia T  
305-592-0002  
A

Duran, Pelayo M  
305-266-9780  
Spanish  
A, E, F, G, H, J4, K, L

Edwards, Deborah M  
305-669-3049  
Spanish  
K, T, U, W

Einstein, Bernard  
305-455-2040  
Spanish  
K, L, N, Q, R, S, T, U, V, W

Emory, Howard B  
305-670-1010  
K

# Group Legal Services *Continued*

## List of Participating Attorneys for Miami-Dade and Broward Counties

|   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| Green, Sandra G<br>305-271-9922<br>Spanish<br>C, N, R, S, T, W  | Jennings, Robert R<br>305-271-0899<br>Hebrew, Spanish, Polish, Russian<br>E, F, G, H, J, J1, J2, J3, K, L, N, O, R, U, W | Lawrence, Sara<br>305-653-0009<br>N, R, S, T, U, V, W  | Martin, Cecile A<br>305-633-8880<br>C, J, K, L, M, N, R, S, T, U, V, W                                  | Penicet, Paul F<br>305-448-8550<br>Spanish<br>B, F, H   | Rosen, Scott<br>305-358-0038<br>D, K, F, U, W   | Slaton, David R<br>305-358-1352<br>Spanish<br>B, O, F, H, J, J1, J2, J3, K, L, M, N, Q, R, S, T, U, V, W           |
| Gruher, Allen H<br>305-670-7878<br>Spanish<br>C, E, F, G, H, J1, K, L, O, Q, R, S, T, U, V, W                                 | Johnson, Adeline A<br>305-238-7793<br>B, C, E, F, G, H, J4, L, N, R, S, V  | Lazar, Daniel B<br>305-595-2099<br>Spanish<br>K, L, T, U, W  | Martinez-Molina, Aleida<br>305-441-1330<br>Portuguese<br>A, K, R, V, W                                  | Perdomo, Michelle L<br>305-598-7171<br>French, Spanish<br>L, O, T, W                                  | Rosenthal, Sheldon R<br>305-379-1452<br>C, F, K, N, O, R, S, U, W                                 | Smikle, Claudine T<br>305-654-0065<br>C, H, J4, K, L, N, O, Q, R, S, T, V, W                                       |
| Haber, Dennis R<br>305-666-7366<br>A, B, J4, K, L, T, U, W  | Johnson, Stanley E<br>305-762-5901<br>K, P, T, U, W  | Leader, Joshua M<br>305-860-1115<br>French, Spanish, Russian<br>E, F, G, H, N, R, S, V                                 | Mazloff, Howard W<br>305-670-6760<br>Spanish<br>K, O  | Perez, Margarita<br>305-663-1722<br>A, K, N, R, S, V  | Rosenthal, David S<br>305-412-2152<br>Spanish<br>F, H, K, N, Q, R, S, T, U, V, W, W               | Smith, Gary V<br>305-324-1100<br>K, N, O, T, U, W  |
| Halberg, Michael A<br>305-893-8989<br>Chinese, Spanish, Thai, Cantonese<br>A, B, C, E, G, H, J4, K, L, N, O, Q, R, T, U, V, W | Jols, Del H<br>305-598-0100<br>German, Spanish<br>B, C, F, G, H, J1, J2, J3, K, L, Q, T, U, W                            | Lechtman, Michael L<br>305-652-9500<br>A, C, K, N, Q, R, S, T, V, W  | McCarthy, Martin G<br>305-444-1533<br>Spanish<br>A, B, E, F, G, H, L, M, N, Q, R, S, V                  | Perez, Renato<br>305-266-6799<br>Spanish<br>B, C, D, F, G, H, L, M, N, R, S, T, U, V, W               | Ruth, Rosemarie<br>305-596-7303<br>Spanish<br>R   | Smith, Sydney P<br>305-438-0099<br>E, F, H, I, N, R, S, T, U, V, W   |
| Hanafourde, Bradley K<br>305-670-5080<br>Spanish<br>K, W  | Jones, Knovack G<br>305-364-7668<br>B, C, F, H, K, N, R, S, T, U, V, W   | Lee, Steven P<br>305-856-7855<br>Spanish<br>K  | McIlmery, James S<br>305-374-5899<br>Spanish<br>A, C, F, H, J1, J2, J3                                  | Pino, Raül F<br>305-854-1904<br>Spanish<br>A, F, H, K, L, M, T, U, W                                  | Rubin, Jonathan R<br>305-598-7331<br>A, K, N, R, S, T, U, V, W                                    | Snyder, Leslie I<br>305-374-2110<br>Spanish<br>J4  |
| Hannan, Martin L<br>305-285-3030<br>A, C, F, G, H, J1, J2, J3, K, L, N, O, Q, R, S, U, V, W                                   | Jones-Peabody, Bonita<br>305-754-4234<br>C, E, F, G, K, N, O, R, S, W  | Lee, Thomas G<br>305-893-6600<br>K, T, U, W  | Medina, Jose M<br>305-258-3600<br>Spanish<br>A, N, R, S, T, U, V, W                                     | Poe, James A<br>305-592-0002<br>Spanish<br>A  | Ruddolph, Robert A<br>305-858-1444<br>Spanish<br>A, B, E, F, G, H, I, J4, Q                       | Solomon, Michael B<br>305-899-8836<br>Spanish<br>F, H, K, L, M, Q, T, U, W   |
| Hark, Clifford B<br>305-935-4436<br>Spanish<br>E, F, H, K, L, O, R, S, T, U, V, W   | Kade, Paul M<br>305-670-6929<br>K, L, Q, U, W  | Legnaro Akl, Iliaria M<br>305-728-1340<br>French, Italian, Spanish<br>J4, K, O, R, S, T, W                             | Mendigulia, Felix J<br>305-262-2101<br>K, R, U, W   | Polansky, Mitchell S<br>305-858-9900<br>Spanish<br>K, T, U, W   | Ruddolph, Ronald W<br>305-670-6555<br>K   | Soto, Antonio J<br>305-227-2700<br>Spanish<br>C, K, L, T, U, W   |
| Harshman, Larry A<br>305-279-9848<br>F, H, J4, K, L, M, N, R, S, T, U, V, W   | Kandekore, L M<br>305-651-3080<br>A, E, F, J4, N, R, S, V  | Kamen, Cindi<br>305-275-5299<br>C, E, F, G, H, Q, W  | Levin, Stuart I<br>305-372-9111<br>Spanish<br>A, L, N, Q, W   | Pons, Martin E<br>305-275-7072<br>Spanish<br>A, K, L, T, U, W   | Ruiz, Ileana<br>305-270-3145<br>Spanish<br>K, N, T, U, V, W                                       | Spaulding, Kathleen L<br>305-670-2333<br>Spanish, Creole<br>C, E, F, H, K, L, M, N, R, S, T, U, V, W               |
| Harvey, Bridgett H<br>305-690-9088<br>C, E, F, H, K, M, N, R, S, T, U, V, W   | Karian, Charlotte E<br>305-914-5677<br>D, E, N, R, S, V, W   | Levine, David H<br>305-670-2333<br>Spanish, Creole<br>C, E, F, H, K, L, M, N, R, S, T, U, V, W                         | Michelson, Mark D<br>305-665-0500<br>Spanish<br>L, N, Q, R, S, W  | Pomprinya, Puemsuk T<br>305-893-8989<br>Thai<br>B, J4, K, L, T, U, W                                  | Saks, Keith W<br>305-662-8880<br>F, H, K, L, N, R, S, T, U, V, W                                  | Speller, Kenneth P<br>305-326-9977<br>Spanish<br>E, F, J1, J2, J3, L, N, R, S, V                                   |
| Henderson, Ronnie C<br>305-448-1898<br>Spanish<br>K   | Kass, Mark E<br>305-541-2269<br>A, K, L, T, U, W   | Levine, Martin E<br>305-598-8660<br>Spanish<br>N, Q, R, S, W   | Millan, Stephen T<br>305-670-9655<br>Spanish<br>A, D, E, F, G, H, K, L                                  | Powell, Charmaine C<br>305-654-9420<br>A, C, E, F, G, H, J1, J2, J3, J4, K, L, M, N, R, S, T, U, V, W | Salcines, Jacqueline<br>305-448-1657<br>Spanish<br>C, E, F, G, H, K, L, M, N, O, Q, R, S, V, W    | Stanley, James N<br>305-444-2618<br>Spanish<br>A, L  |
| Henderson, Coleen O<br>305-860-0514<br>K, L, M, T, U, W   | Kassebaum, Kristi F<br>305-577-3331<br>D, E, F, G, H, M  | Levinson, Martin<br>305-238-0482<br>Spanish<br>J, J1, J2, J3, K, L, T, U, W  | Milledge, Lewis D<br>305-667-1156<br>K, O, T, U, W  | Pratt, John T<br>305-443-7890<br>K, O, T, U, W  | Sallata, Maria T<br>305-598-9600<br>Spanish<br>C, N, R, S, T, U, V, W                             | Stein, Barry A<br>305-670-2333<br>Spanish, Creole<br>B, C, E, F, G, H, J1, J2, J3, K, L, M, N, O, R, S, T, U, V, W |
| Henriques, Gennivieve O<br>305-375-0075<br>C, K, N, R, S, V   | Kaufman, Steven D<br>305-670-7090<br>Spanish<br>C, L, N, R, S, V   | Lewis, Stanley B<br>305-654-8011<br>B, C, G, J1, J2, J3, K, L, M, N, R, S, T, U, V, W                                  | Miller, Joshua S<br>305-274-2922<br>A   | Price, Ira B<br>305-670-3030<br>K, L, N, O, Q, R, U   | Sanchez, Juan A<br>305-275-8550<br>Spanish<br>A, J1, J4, K, L, N, O, R, T, U, W                   | Stein, Barry A<br>945-922-0800<br>Spanish, Creole<br>B, C, E, F, G, H, J1, J2, J3, K, L, M, N, O, R, S, T, U, V, W |
| Henrys, Patricia<br>305-576-1011<br>Spanish<br>B, C, G, K, L, M, N, R, S, T, U, V, W  | Kelley, Christopher P<br>305-893-6004<br>A, K, L, T, U, W  | Lewis, George G<br>305-576-1011<br>E, J1, J2, J3, K, L, N, R, S, V   | Mondschein, Leonard E<br>305-274-0955<br>T, U, V, W   | Ramer, Alan H<br>305-233-0914<br>A, L, M  | Sandler, Scott M<br>305-443-6511<br>N, Q, R, S, V   | Talbot, Geoffrey<br>305-899-8911<br>A, C, E, F, G, H, J1, J2, J3, K, N, R, S, T, U, V, W                           |
| Hernandez, Ana V<br>305-444-3375<br>Spanish<br>C, J4, N, R  | Kent, Daniel H<br>305-670-2700<br>Spanish<br>A, G, K, N, W   | Lieberman, Steven<br>305-275-2459<br>A, C, E, M, N, R, S, V  | Morris, Jolyon W<br>305-374-5160<br>A, B, F, G, H, J4, L, N, Q, R, S, V                                 | Rangel, Kimberly K<br>305-670-4635<br>Spanish<br>A, K, L, M   | Sander, Timothy G<br>305-670-4635<br>Spanish<br>A, K, Q, R, U, W                                  | Sterling, Robert A<br>305-279-6115<br>Spanish<br>A, C, D, K, N, O, R, S, U, V, W                                   |
| Hernandez-Suarez, Jeanette<br>305-599-1040<br>Spanish<br>J4, K, L, N, R, S, T, U, V, W  | Keys, Carol F<br>305-891-1600<br>K, T, U, W  | Litman, Neal S<br>305-441-9000<br>Spanish, Creole<br>K   | Moskowitz, Clifford J<br>305-670-2333<br>Spanish, Creole<br>A, C, E, F, H, K, L, M, N, R, S, T, U, V, W | Rassner, Wayne H<br>305-670-2333<br>Spanish, Creole<br>K, L, T, U, W                                  | Sandler, Eric B<br>305-670-2333<br>Spanish, Creole<br>C, E, F, G, H, K, L, M, N, R, S, T, U, V, W | Sugrman, Carl M<br>305-670-2399<br>K, P  |
| Holzberg, Glenn J<br>305-668-6410<br>Spanish<br>N, Q, R, S, V   | Kimmel, Mark S<br>305-661-6400<br>C, K, N, Q, R, S, T, U, V, W   | Ludovici, Edward P<br>305-235-2161<br>Spanish<br>K, L, M, T, U, W  | Munoz, Richard A<br>305-442-8414<br>Spanish<br>A, E, F, H, K, L, N, R, S, V                             | Raucher, Myles W<br>305-229-1496<br>Chinese<br>B, E, L, N, Q, R, S, T, U, V, W                        | Schere, Leslie A<br>305-859-9770<br>Spanish<br>K, W   | Torres, Matthew W<br>305-271-4887<br>Spanish<br>A, D, E, F, G, H, J4, K, L, N, O, Q, R, S, T, U, W                 |
| Howard, Carolyn Y<br>305-255-3654<br>C, E, F, H, L, M, N, R, S, T, U, V, W  | Kingcade, Timothy S<br>305-285-9100<br>Spanish<br>A, J2, K   | Lyons, Richard W<br>305-324-1100<br>K, N, O, T, U, W   | Munoz, Carlos A<br>305-275-0035<br>Spanish<br>K, L  | Read, Elizabeth R<br>305-374-5699<br>Spanish<br>A, J1, J2, J3, K, L, N, O, T, U, W                    | Schertzer, Ivan<br>305-940-0007<br>Spanish, Creole<br>G, H, N, Q                                  | Vega, Rosa M<br>305-207-0877<br>French, Spanish<br>A, H, J4, J4, K, N, O, R, T, V, W                               |
| Hunnefeld, Angelica C<br>305-443-3719<br>W  | Kiltzner, Steven N<br>305-682-1118<br>J2, J3, Q, P   | Magram, Ronald L<br>305-740-7979<br>B, C, K, L, M, N, R, S, T, U, V, W   | Murawski, Michael P<br>305-868-6006<br>Spanish, Creole<br>E, F, G, H                                    | Reinstein, Sanford M<br>305-670-2333<br>C, E, F, G, H, K, L, N, O, Q, R, S, V, W                      | Schnepper, R C<br>305-670-2333<br>Spanish, Creole<br>C, E, F, H, K, L, M, N, R, S, T, U, V, W     | Veloz-Felle, Sandra<br>305-858-8577<br>Italian, Spanish<br>A, G, N, R, S, T, U, V, W                               |
| Huss, Louis D<br>305-668-4877<br>Spanish<br>K, L, N, O, R, S, T, U, V, W  | Kon, Malgorzata J<br>305-271-0899<br>Polish, Russian<br>E, F, G, H, J1, J2, J3, K, L, N, O, R, U, W                      | Maisel, Allan S<br>305-663-1080<br>Spanish<br>K, R, T, U, W  | Murphy, William F<br>305-571-5008<br>K, N, O, Q, R, S, U, V, W  | Reyes, Mary<br>305-476-1900<br>Spanish<br>A, J4   | Schreiber, Scott R<br>305-285-4100<br>Spanish<br>C, F, H, L, N, Q, R, S, V                        | Verster, Martyn W<br>305-585-8185<br>Spanish<br>F, G, H, L, N, R, S, T, U, V, W                                    |
| Ingram-Leonard, Rebecca<br>305-445-6299<br>C, D, E, G, H, J2, K, N, Q, R, S, V, W   | Kon, Malgorzata J<br>954-458-8794<br>Polish, Russian<br>E, F, G, H, J1, J2, J3, K, L, N, O, R, U, W                      | Malool, Brian A<br>—<br>I  | Murray, Donald J<br>305-895-8895<br>K, O, T, U, W   | Rhodes, Susan T<br>305-255-8791<br>K  | Schweitzer-Ram, Darlene<br>305-670-2700<br>Spanish<br>A, G, K, W                                  | Villanuel, Susana<br>305-228-2938<br>Spanish<br>A, K, L, S, W  |
| Ives, Andrew M<br>305-653-0455<br>Spanish<br>K, L, N, R, S, T, U, V, W  | Kopelwitz, Brian R<br>305-529-8658<br>Spanish<br>B, F, H, M, T, U, W   | Mandell, Lee I<br>305-662-4997<br>K, L, O, Q   | Margolesky, David L<br>305-412-2100<br>Spanish<br>E, F, G, H, K, N, O, R, S, W                          | Ribler, Lawrence S<br>305-373-7220<br>T, U, V, W  | Schneider, R C<br>305-670-2333<br>Spanish, Creole<br>C, E, F, H, K, L, M, N, R, S, T, U, V, W     | Viola-Sesin, Leonardo S<br>305-265-1414<br>Spanish<br>F, H, J4, K, L, N, R, S, V                                   |
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C, E, F, H, K, N, O, Q, T, U, W

Levine, David H  
954-922-0800  
Spanish, Creole  
C, E, F, H, K, L, M, N, R, S, T, U, V, W

Moskowitz, Clifford J  
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Spanish, Creole  
A, C, E, F, H, K, L, M, N, R, S, T, U, V, W

Reinstein, Sanford M  
954-423-2555  
Spanish  
C, E, F, G, H, K, L, N, O, Q, R, S, V, W

Rizzo, Joseph  
954-577-2891  
K, L, N, O, Q, T, U, W

Sandler, Eric B  
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Spanish, Creole  
C, E, F, G, H, K, L, M, N, R, S, T, U, V, W

Schnepper, R. C  
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Spanish, Creole  
C, E, F, H, K, L, M, N, R, S, T, U, V, W

Spalding, Kathleen L  
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Spanish, Creole  
C, E, F, H, K, L, M, N, R, S, T, U, V, W

Zietz, Lawrence D  
954-475-2500  
Spanish  
F, H, K, L, M, N, R, S, T, U, V, W

POMPANO BEACH  
Albuz, Mark  
C, N, Q, R, S

Brutus, Phillip J  
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Spanish, Creole  
A, C, F, G, J, K, L, M, N, Q, R, S, T, U, V, W

Klasfeld, Michael C  
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Spanish, Sign Language, Vietnamese  
A, B, C, F, H, K, L, M, N, R, S, T, U, V, W

Linn, Allan A  
954-942-6500  
K, N, T, V, W

Montaigne, Elizabeth H  
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T, U, W

Nicosia, Giovanni  
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B, C, K, L, M, N, Q, R, S, T, U, V, W

Shendell, Larry A  
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Shendell, Michael A  
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K, L

Zagarolo, Nicola L  
954-786-0360  
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A, K, L, M, N, R, S, T, U, V, W

POMPANO BEACH  
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Brutus, Phillip J  
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Klasfeld, Michael C  
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Spanish, Sign Language, Vietnamese  
A, B, C, F, H, K, L, M, N, R, S, T, U, V, W

Linn, Allan A  
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K, N, T, V, W

Montaigne, Elizabeth H  
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T, U, W

Nicosia, Giovanni  
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Shendell, Larry A  
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F, H

Shendell, Michael A  
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Zagarolo, Nicola L  
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ROYAL PALM BEACH  
Skoloff, Elliot J  
561-790-4505  
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K, L, N, O, Q, T, U, W

Weinstein, Seth T  
561-790-6788  
French, Spanish  
K, L, N, O, Q, T, U, W

SOUTH MIAMI  
Amber, Laurie K  
305-661-5629  
Italian  
K, N, O, R, U, W

Cagle, Peter B  
305-666-8509  
K, L, T, U, W

Cagle, Peter B  
305-666-8509  
K, L, T, U, W

Chou, Vivian  
305-238-3341  
Spanish  
B, C, J3, K, L, N, O, Q, R, S, T, V, W

Hanslaunde, Bradley K  
305-670-5080  
Spanish  
K, W

SUNRISE  
Giovachino, Louis  
954-389-9801  
A, F, H, K, N, R, S, T, U, V, W

Wolford, Deborah A  
954-943-7067  
K, T, U, W

TAMARAC  
Lazarus, Barrett S  
954-720-5858  
Spanish, Creole  
K, T, U, V, W

WELLINGTON  
Caruso, Monica K  
561-792-9791  
Spanish  
A, C, D, E, F, G, H, K, N, O, R, S, U, V, W

Widmermuth, Charles E  
561-784-2331  
A, J, J1, J2, J3, K, P, T, U, W



# Deferred Compensation Plan

When you retire, you'll want to maintain the lifestyle you currently have. Social Security and the Florida Retirement System are not intended to replace all of your income at retirement. It is wise to start a savings plan now. The Deferred Compensation Plan is a tax-deferred savings plan that can be used at retirement to supplement your Florida Retirement System and Social Security benefits.

## Eligibility

All Miami-Dade County employees are eligible to participate in this plan. There is no waiting period or minimum number of hours you must work biweekly.

## Plan Features

- Contributions are made to your deferred compensation account through payroll deductions.
- Contributions are taken from your gross salary before Federal Withholding taxes are calculated.
- Your contributions are invested in the products of your choice.
- You don't pay Federal Withholding Income taxes on your investment contributions or earnings until you receive the money.
- Social Security taxes on contribution amounts continue to be deducted from your gross salary.
- This plan is governed by Section 457 Internal Revenue Code.

**Minimum Contribution: \$10 per pay period**  
**Maximum Contribution: 100% of your gross taxable salary or \$13,000 (whichever is less)**

## What happens to the money I contribute?

You choose between two providers, International City Management Association Retirement Corporation (ICMA-RC) or National Association of Counties (NACo), administered by Nationwide Retirement Solutions (NRS). You may contribute to both providers if you wish, as long as you do not exceed the total maximum annual contribution.

Each provider offers a number of investment options, including fixed funds, stock funds, bond funds, mutual funds and others. You may wish to seek the advice of an accountant or other professional for investment assistance.

## Payouts

- Once you retire or separate employment, you become eligible for payments from your account. There is neither a minimum age requirement nor a waiting period for you to begin receiving payments.
- You are not required to select a payout commencement date. At the time you are ready to begin receiving your payout, simply contact your plan provider.
- Once you are eligible to receive payments, you may select from a variety of payment options. You may receive a lump sum, installment payments, irregular payments or guaranteed monthly payments for life.
- You may rollover funds from another eligible retirement plan or IRA into the 457 plan. You may also rollover your 457 funds into another eligible retirement plan or to an IRA.
- Contact the Benefits Administration Unit at 305-375-5633 or 305-375-4288 for more information.

## "Catch-up" Provision

If you are within three years of retirement, you may be eligible to take advantage of a special "catch-up" provision which may allow you to contribute up to \$26,000 for 2004. Additionally, there is a "catch-up" provision that permits an employee to contribute an extra \$3,000 per year, if at least age 50. You may not utilize both "catch-up" provisions simultaneously. Contact the Benefits Administration Unit at 305-375-5633 or 305-375-4288 for more information.

## Unforeseeable Emergency Withdrawal

You may be able to withdraw money from your account while you are still working if you have an unforeseeable emergency. An unforeseeable emergency is a severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or of a dependent of the participant, loss of the participant's property due to casualty or other similar extraordinary circumstances arising as a result of events beyond the control of the participant. The amount of money you could receive is limited to the amount necessary to relieve the hardship.

An Unforeseeable Emergency withdrawal is very difficult to receive, and you should not depend on the availability of your funds. Some examples of an Unforeseeable Emergency are health care and property losses due to theft or fire, which are not covered by insurance.

Employees can contact their provider directly to request an emergency withdrawal packet.



# Group Term Life Insurance

If you are like most people, you want to make sure that your loved ones are adequately provided for should something happen to you.

## Basic Life

The County provides you with group term life insurance equal to your annual base salary.

## Plan Features

- Benefits are payable for death from any cause to the beneficiaries you name.
- Beneficiary designations may be updated at any time.
- If death results from accidental injuries, your beneficiary may be eligible to receive Group Accidental Death and Dismemberment Insurance (AD&D) equal to your annual base salary.
- Dismemberment benefits, up to the same amount as your group term basic life coverage, are payable for loss of hand, foot or sight of eye resulting from an accident. See your policy for plan provisions.
- Employee must be actively at work for coverage to start.

## How to enroll for basic life coverage

When eligible, you must complete a beneficiary designation form to enroll.

If you don't enroll for this benefit during your initial eligibility period, you may apply during Open Enrollment. However, at that time, coverage is subject to medical approval and may be denied. Contact your Departmental Personnel Representative or the Benefits Administration Unit at 305-375-4288 or 305-375-5633 for the required paperwork. You must be actively at work for coverage to be effective.

IAFF plan enrollees who change to a County sponsored medical/dental plan during the open enrollment period must complete a MetLife Life Insurance medical statement to be considered for life insurance. Life insurance is subject to medical approval and may be denied. Basic Life Insurance through the IAFF plan will cease as of the open enrollment effective date.

## Group Term Optional Life Insurance

Although the County assumes the full cost for your basic life insurance with MetLife, you may purchase additional life insurance called, "Optional Life Insurance."

## Plan Features

- If interested, you should elect coverage at the time you sign up for group medical, dental, vision and basic life benefits.
- You may apply for coverage up to five times your annual adjusted base salary, subject to medical approval during the spring of 2004 Optional Life enrollment.
- Premiums are age-based and depend on the amount of coverage purchased. Contact your Departmental Personnel Representative or the Benefits Administration Unit at 305-375-5633 or 305-375-4288 for further details.
- You may reduce the level of coverage or cancel coverage at any time. However, if you wish to re-enroll for coverage or increase the coverage level, you must submit an application during the annual optional life Open Enrollment subject to medical approval.
- Life insurance amounts in excess of \$50,000 may be taxable and may be included as taxable income on your W-2 form. See the *Beyond Your Benefits* section for further details.

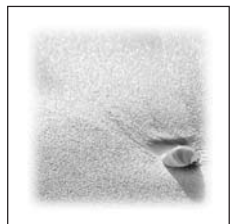
## How to Enroll for Group Term Optional Life Coverage

When eligible, you must complete a beneficiary designation form to enroll and indicate the level of coverage. If you don't enroll during your initial eligibility period, an Optional Life open enrollment is held once a year in early spring. You may submit an application, but it will be subject to medical approval. You must be actively at work for coverage to be effective.

## Other benefits provided by Miami-Dade County

In addition to the group medical, dental and vision plans, Flexible Benefits Plan, Group Legal Services and your Flex Dollars, your benefits package also includes:

- Paid annual and sick leave
- 13 paid holidays
- Membership in either of the Florida Retirement System (FRS) plans
- Workers' Compensation
- Unemployment Compensation
- Social Security
- Employee Discount Program
- Tuition Refund and
- Death Benefit.



# COBRA Q&A

## Can I continue coverage after I terminate?

If you are a covered employee who has lost group health plan coverage due to a qualifying event, you, your spouse and dependents are each entitled to continue the group health plans (including Healthcare FSA coverage) that were in effect on the day prior to the qualifying event.

## What are COBRA-Qualifying Events?

**As a general rule, there is a “COBRA-qualifying event” if:**

- a covered employee's termination of employment occurs other than due to gross misconduct.
- there is a reduction in a covered employee's hours of employment
- a covered employee dies
- a covered employee becomes entitled to Medicare
- a covered employee experiences a divorce or legal separation or
- a child ceases to qualify as a dependent under the terms of the plan.

## How does HIPAA affect COBRA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives a person already on COBRA, specific enrollment provisions to add dependents only if:

- such person acquires a new dependent, or
- an eligible dependent declines coverage because of alternative coverage, and later loses such coverage due to certain qualifying reasons.

Dependents added as a result of these special HIPAA enrollment rights do not become Qualified Beneficiaries and their coverage will end at the same time coverage ends for the person who elected COBRA and later added them.

## How are COBRA Qualified Beneficiaries affected?

*Except for your employer's Healthcare FSA Plan*, the same open enrollment rights are extended to COBRA qualified beneficiaries as are available to active employees.

## How long is the COBRA coverage period?

A qualified beneficiary's maximum coverage period is determined by the qualifying COBRA event.

## How do I apply to continue coverage?

Your medical, dental, and vision (if enrolled) plan provider will each mail you a separate election form to your home address as reflected in the County's payroll system. Be sure your DPR updates your address in the system if it's not correct. When you drop a dependent due to loss of eligibility (divorce, etc.), indicate the dependent's mailing address if different from yours.

## How does COBRA affect my Healthcare FSA Plan?

In accordance with COBRA, your employer's plan offers limited COBRA continuation rights to qualified beneficiaries who have underspent their Healthcare FSA accounts as of the date of the COBRA-qualifying event. Unless otherwise elected, the spouse and dependents of the person electing COBRA will be covered. Only qualified beneficiaries have election rights and may elect separate COBRA coverage with:

- a separate Healthcare FSA at the elected annual limit in effect at the time of the COBRA-qualifying event and
- a separate COBRA premium through the end of the plan year in which the COBRA-qualifying event occurs.

## Who are Qualified Beneficiaries?

- The person must be a covered employee, the spouse of a covered employee, or the dependent child of a covered employee, and
- the person must be covered by a group health plan immediately before the qualifying event occurs.

## How do I pay for continuation of coverage?

The monthly COBRA premium for coverage is the monthly premium you were paying via salary reductions before the date of the COBRA-qualifying event, and must be received by the appropriate party by the first of the month. Under COBRA, your premium must be paid by check or by money order. Two percent administration fees may apply.

COBRA allows for a 30-day grace period after the due date. If your full payments are not received by 30 days after the due date, your COBRA coverage will be cancelled retroactive to the first day of the month for which the full payment is due.

## When must I make my initial COBRA elections?

A qualified beneficiary must elect COBRA coverage no later than 60 days after:

- the employee's loss of group health plan coverage, or
- the date the Election Notice was mailed to the qualified beneficiary.

If a qualified beneficiary fails to meet this deadline, he or she will be deemed to have declined COBRA coverage.



## **When is my initial premium payment due?**

The initial COBRA premium must be paid within 45 days of your COBRA election and must include all retroactive payments back to your COBRA effective date.

## **What if I fail to make subsequent required payments?**

A COBRA payment (other than the initial payment) will be considered timely if made within 30 days after the due date. A qualified beneficiary's COBRA coverage will terminate (without any ability to reinstate it) for failure to pay the required subsequent COBRA monthly payments on time. The coverage is terminated retroactive to the first of the month for which the full premium payment is due and unpaid.



## Social Security

Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors', and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. As of January 2004, the maximum taxable annual wage for FICA is \$87,000. There is no maximum taxable annual wage for Medicare. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through the Flexible Benefits Plan generally outweigh the Social Security reduction. An Enrollment Representative can approximate any Social Security reduction during a Personal Enrollment Session or you can call FBMC Customer Service at 1-800-342-8017 for an approximation.

## Taxable Benefits and the IRS

Disability Income Protection – If you are paying your premiums on a before-tax basis and you suffer a disability, any disability payments you receive under the plan will be subject to federal income tax. You can elect to have federal income tax withheld by the provider just as it is withheld from your wages. Consult your personal tax advisor for additional information.

In addition, FICA and Medicare taxes will be withheld from any disability payments paid through six calendar months following the last calendar month in which you worked prior to becoming disabled. Thereafter no FICA or Medicare tax will be withheld.

## Life Insurance Premiums and the IRS –

According to the IRS regulations, premiums for this benefit may be paid on a before-tax basis up to the first \$50,000 of life insurance. You must pay tax on premiums for coverage exceeding \$50,000. The first \$50,000 limit includes any life insurance provided to employees by Miami-Dade County. Premiums for additional life insurance exceeding the IRS \$50,000 maximum must be paid for with after-tax money.

## Disclaimer - Health Insurance Benefits Provided Under Health Insurance Plan(s)

Health Insurance benefits will be provided, not by your Employer's Flexible Benefits Plan, but by the Health Insurance Plan(s). The types and amounts of health insurance benefits available under the Health Insurance Plan(s), the requirements for participating in the Health Insurance Plan(s), and the other terms and conditions of coverage and benefits of the Health Insurance Plan(s) are set forth from time to time in the Health Insurance Plan(s). All claims to receive benefits under the Health Insurance Plan(s) shall be subject to and governed by the terms and conditions of the Health Insurance Plan(s) and the rules, regulations, policies, and procedures from time to time adopted.

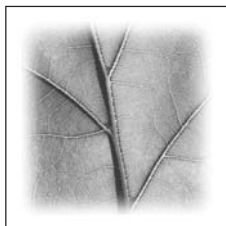
## FBMC Privacy Notice

4/14/03

This notice applies to products administered by Fringe Benefits Management Company and its wholly-owned subsidiaries (collectively "FBMC"). FBMC takes your privacy very seriously. As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. This notice explains how FBMC handles and protects the personal information we collect. Please note that the information we collect and the extent to which we use it will vary depending on the product or service involved. In many cases, we may not collect all of the types of information noted below. FBMC's privacy policy is as follows:

- I. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service, and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:
  - Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status, and spousal and beneficiary information.
  - Responses from you and others such as information relating to your employment and insurance coverage.
  - Information about your relationships with us, such as products and services purchased, transaction history, claims history, and premiums.
  - Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.
- II. We maintain safeguards to ensure information security. We are committed to preventing unauthorized access to personal information. We maintain physical, electronic, and procedural safeguards for protecting personal information. We restrict access to personal information to those employees, insurance companies, and service providers who need to know that information to provide products or services to you. Any employee who violates our Privacy Policy is subject to disciplinary action.
- III. We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena, or to prevent fraud.

We will provide our Privacy Notice to current customers annually and whenever it changes. If you no longer have a customer relationship with us, we will still treat your information under our Privacy Policy, but we will no longer send notices to you. In this notice of our Privacy Policy, the words "you" and "customer" are used to mean any individual who obtains or has obtained an insurance, financial product or service from FBMC that is to be used primarily for personal or family purposes.





# Beyond Your Benefits *Continued*

## NOTICE OF ADMINISTRATOR'S CAPACITY

PLEASE READ: This notice advises insured persons of the identity and relationship among the contract administrator, the policyholder, and the insurer:

1. FBMC has been authorized by your employer to provide administrative services for your employer's insurance plans offered herein. In some instances, FBMC may also be authorized by one or more of the insurance companies underwriting the benefits offered herein to provide certain services, including (but not limited to) marketing, underwriting, billing and collection of premiums, processing claims payments, and other services. FBMC is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. The insurance companies noted herein have been selected by your employer, and are liable for the funds to pay your insurance claims.

If FBMC is authorized to process claims for the insurance company, we will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against FBMC than would otherwise be afforded to you by law. FBMC is not an insurance company.



Contract Administrator  
Fringe Benefits Management Company  
P.O. Box 1878 • Tallahassee, Florida 32302-1878  
Customer Service 1-800-342-8017 • 1-800-955-8771 (TDD)  
[www.fbmc-benefits.com](http://www.fbmc-benefits.com)

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.

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# FBMC

*proven benefit solutions*

